

**Board of Health**

**Nuckolls County: North Conference Room, Brodstone Memorial Hospital**

**520 E. 10th Street, Superior, NE. 68933**

**July 6, 2022 8:30 a.m.**

AGENDA		
Apprx. Time	Topic, Lead Person	Expected Outcomes
8:30 (9')	Welcome – President Nanette Shackelford, Chair	1. Meeting Call to Order, Open Meeting Statement 2. Introductions / Roll Call 3. Approve Agenda – <b>Board Action</b> 4. Board Conflict of Interest Declarations
8:39 (1')	May 4, 2022 Board Meeting Minutes – Chair	Approve Minutes of May Meeting – <b>Board Action</b>
8:40 (5')	Board Business – Chair Board Evaluation Summary - Chair Nuckolls County Board appointment – K. Rempe Webster County Board appointment – T.J. Vance Governance Functions: <i>Continuous Improvement, Oversight</i>	1. Determine any next steps for Board based on evaluation summary - Discussion 2. Appointments to BOH – Informational
8:45 (15')	Introduction of Local Community Leader Guest: Treg Vyzourek, CEO, Brodstone Memorial Hospital Governance Function: <i>Partner Engagement</i>	1. Board learns about the BMH programs, community health improvement activities, successes and concerns.
9:00 (15')	COVID-19 & Monkeypox Situation Updates – M. Bever Governance Functions: <i>Policy Development; Legal Authority, Oversight</i>	1. Board is aware of what is known about COVID-19 and Monkeypox and SHDHD's responses and plans.
9:15 (5')	Bi Monthly Report on 10 Essential Services from Staff Governance Functions: <i>Partner Engagement, Oversight</i>	1. Board is able to describe activities of the Department 2. Accept Bi-Monthly Report – <b>Board Action</b>
9:20 (10')	Finances – K. Derby <ul style="list-style-type: none"> <li>Financial Report (Current Funding Sources, Outstanding Invoices, Balance Sheets, Profit &amp; Loss, Disbursements, Line of Credit), ARPA/Grants/Funding/Contracts/Subawards Status</li> <li>Negotiated Indirect Cost Rate Approval</li> </ul> Governance Function: <i>Resource Stewardship</i>	1. Awareness of financial health/funding sources/budgetary needs 2. Accept Financial Report – <b>Board Action</b>
9:30 (10')	Finance Committee: C. Neumann <ul style="list-style-type: none"> <li>Salary Schedule adjustment proposal / COLA Proposal</li> <li>Reaccreditation Fee: Resolution #2022-4</li> </ul> Governance Functions: <i>Policy Development; Legal Authority</i>	1. Approve Salary Schedule Adjustment / Cost of Living Proposal – <b>Board Action</b> 2. Pass Resolution #2022-4 – <b>Board Action</b>
9:40 (15')	Policy Committee: S. Nejezchleb <ul style="list-style-type: none"> <li>Procedure for Policy Review, Part A Board Policies - Revised</li> <li>HR 202 Salary Classification – Revised</li> <li>HR 205 Employee Wellness Performance Benefit - Revised</li> <li>HR 504 Wellness Policy – Revised</li> <li>Bloodborne Pathogen Policy – New</li> </ul> Governance Functions: <i>Policy Development; Legal Authority</i>	1. Approve new and revised policies – <b>Board Action</b>
9:55 (5')	Ethics Committee: J. Johnson /M. Bever Governance Function: <i>Legal Authority</i>	1. Board familiar with the Ethics Procedures
10:00 (5')	Communications from Exec. Director <ul style="list-style-type: none"> <li>Executive Director's Report Q and A</li> </ul> Governance Functions: <i>Oversight, Legal Authority</i>	1. Latest updates on key issues, personnel, funding opportunities, legislative advocacy, accreditation status, CHIP Implementation, Training and conferences opportunities, etc.
10:05 (5')	Accreditation Update – J. Johnson /M. Bever Governance Function: <i>Continuous Improvement</i>	1. Board aware of QI/PM Activities, Accreditation Status, and CHIP and Strategic Plan progress, AAR progress
10:10 (10')	Communications from Board Members - Chair <ul style="list-style-type: none"> <li>Community/County Updates - Board Members</li> </ul> Announcements/Upcoming Events – All (see next page) Governance Function: <i>Partner Engagement</i>	1. Board members share their community/county public health activities/issues and community or professional meeting briefs and legislative updates 2. Board members have information to promote or participate in upcoming events
10:20	Public Comment Period	
10:30	<b>Adjourn</b>	<b>Board Action (Next Meeting – September 7, 2022, Adams County)</b>



## SHDHD Calendar

***Board Members - Please consider attending and/or helping us promote these upcoming events and observances:***

1. **Coronavirus Updates from the Global Center for Health Security:** May be viewed here: <https://www.unmc.edu/healthsecurity/covid-19/biweekly-updates.html>. UNMC's Global Center for Health Security Leadership team currently meets weekly with local and state public health representatives to review and discuss new COVID-19 developments and challenges. Dr. James Lawler provides a general overview of new data, developments, and updates on a local, state, national, and international level. These updates have been recorded and made available below for informational purposes.
2. **In late June and July we will be promoting Fireworks Safety:** According to the National Safety Council (<https://nsc.org>), in 2017, eight people died and over 12,000 were injured badly enough to require medical treatment after fireworks-related incidents. Of these, 50% of the injuries were to children and young adults under age 20. Over two-thirds (67%) of injuries took place from June 16 to July 16. And while the majority of these incidents were due to amateurs attempting to use professional-grade, homemade or other illegal fireworks or explosives, an estimated 1,200 injuries were from less powerful devices like small firecrackers and sparklers. Additionally, fireworks start an average of 18,500 fires each year, including 1,300 structure fires, 300 vehicle fires and nearly 17,000 other fires.
3. **August is National Immunization Awareness Month!** The Centers for Disease Control and Prevention (CDC) sponsors National Immunization Awareness Month in August to highlight the importance of vaccination for people of all ages. Use CDC's educational and promotional resources to encourage people to stay up to date on recommended vaccines during the COVID-19 pandemic. Schedules for recommended immunizations for children and adults may be found here: [vaccineinformation.org/](https://vaccineinformation.org/). And it's a great time to explore Healthy People 2030 Vaccination objectives to learn about national efforts to increase vaccination rates.
4. **September is National Preparedness Month:** Every year, the United States observes National Preparedness Month in September to remind Americans to be ready for any disaster — man-made or natural — that could affect them, their homes, communities, or businesses. This month aims to reduce the fallout of large-scale emergencies by preparing every citizen, young and old. See [ready.gov/September](https://ready.gov/September), for more information.
5. **Ongoing – all year 'round:**
  - **Skin Cancer Prevention** – All year 'round! South Heartland has higher skin cancer rates than Nebraska overall. Some people are more at risk for skin cancer – but skin damage from the sun's ultraviolet (UV) rays, in the form of sunburn, increases everyone's risk. Tanning is also a type of skin damage – no tan is a safe tan. Promote sun safety all year round – especially in children, adolescents and young adults. SHDHD partners with Morrison Cancer Center to educate our communities about preventing skin cancer. Contact SHDHD to schedule a presentation for youth or adults in your community - 402-462-6211
  - **Diabetes Prevention:** Ongoing: 'Smart Moves' Classes (Evidence-based [Diabetes Prevention Program](#)) – Share the brochure and refer people who might be eligible. SHDHD's program has maintained Recognition Status from the CDC! New on-line class option called HALT. – Contact Liz Chamberlain to find out more - 402-462-6211.
  - **Falls Prevention:** Tai Chi and Stepping On classes – find out when the next classes will begin in your county! Contact Liz Chamberlain to find out more - 402-462-6211.
  - **Blood Pressure Self-Management:** Do you or someone you know have high blood pressure? Contact Liz Chamberlain to find out more about free local programs to help you manage your blood pressure and improve your health - Contact Liz Chamberlain to find out more - 402-462-6211.
6. **NALBOH Annual Conference**, Grand Rapids, MI – Save the Date! August 1-3, 2022  
Navigating the Rapids: Moving Your Board of Health into the Future



**Open Meeting Compliance:**

- Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster Counties and that each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at the South Heartland District Health Department, 606 N. Minnesota Ave, Suite 2, Hastings, Nebraska. This meeting is being held in open session.
- A copy of the Nebraska Open Meeting Law has been posted in this meeting room and is available for the public's review.

**South Heartland's Guiding Principles:**

- We are committed to the principles of public health and strive to be a credible, collaborative and stable resource in our communities.
- We seek to perform our duties in a courteous, efficient and effective manner within the limits of sound fiscal responsibility.
- We work together to create a positive environment, listening carefully and treating everyone with honesty, sensitivity, and respect.

**Board of Health Principles of Good Faith\*:**

- |  |  |
|--|--|
| ➤ Regularly attend and actively participate in board of health and committee meetings. If unable to attend, be able to provide a valid excuse for absence.                               | ➤ Support majority opinions of the board.  |
| ➤ Ensure that time at board of health meetings is set aside for updates on public health problems and what the health department is doing, or needs to do, in regard to such challenges. | ➤ Advocate for public health by communicating regularly with community leaders and elected officials about perceived needs and possible resources.               |
| ➤ Have a thorough knowledge of the duties and provisions found in the bylaws and charter of the organization.  | ➤ Ensure minimum statutory or technical requirements are met regarding filing annual report, withholding employee taxes, etc.                                    |
| ➤ Involve others in health department functions and funding efforts, special events, and activities to promote and support programs and services.  | ➤ Record personal conduct and register dissents in the minutes, or by letter.  |
| ➤ Heed corporate affairs and keep informed of the central activities and operations of programs.   | ➤ Avoid any semblance of self-dealing or enrichment; discourage any business transactions between directors and the organization.                                |
|  | ➤ Accept no pecuniary profits except that which is expressly provided in compensation or reimbursement within the bylaws or laws of the city, county, and state. |

\*Board of Health Handbook, page 32

## South Heartland District Health Department Strategic Plan 2020 - 2025

The South Heartland Strategic Plan (SP) is created by the Board and staff following completion of a Community Health Assessment and a Community Health Improvement Plan (CHA/CHIP/SP cycle). The 2019 strategic planning process included a review of the department's vision, mission and guiding principles, a visioning process, a SWOT analysis (**S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats) and a discussion of three alternative future scenarios, followed by brainstorming to identify potential strategic actions. The SP is developed to support implementation of the CHIP and is linked to the Quality Improvement-Performance Management Plan and the Workforce Development Plan.

**Vision:** Healthy people in healthy communities

**Mission:** The South Heartland District Health Department is dedicated to preserving and improving the health of residents of Adams, Clay, Nuckolls and Webster counties. We work with local partners to develop and implement a *Community Health Improvement Plan* and to provide other public health services mandated by Nebraska state statutes.

### Guiding Principles:

- ❖ We are committed to the principles of public health and strive to be a credible, collaborative and stable resource in our communities.
- ❖ We seek to perform our duties in a courteous, efficient and effective manner within the limits of sound fiscal responsibility.
- ❖ We work together to create a positive environment, listening carefully and treating everyone with honesty, sensitivity, and respect.

### Goal 1: Obtain and Maintain PHAB Accreditation

#### Goal 2: Secure Financial Stability

#### Goal 3: Prioritize Services and Programs

#### Goal 4: Optimize Human Resources

#### Goal 5: Advocate the "Why" of Public Health

### Goal 1: Obtain and Maintain PHAB Accreditation

- A. Allocate staff and resources to support accreditation activities
- B. Communicate to board and staff the value of accreditation status for supporting strategic plan goals
- C. Communicate to partners, stakeholders and our communities SHDHD's accreditation status and the value of accreditation

### Goal 2: Secure Financial Stability

- A. Explore alternative funding avenues
  - Expand partner and stakeholder involvement
  - Implement fee for services
  - Develop integrated primary care/public health relationships supported with healthcare reimbursement
  - Request city/county support
  - Explore foundation and benefactor opportunities
  - Create a fundraising arm (501c3)
- B. Practice enhanced financial stewardship
  - Develop proactive approaches and policies
  - Conduct regular risk assessment and risk mitigation activities
  - Work with Nebraska DHHS on quality improvement of funding processes for local public health (timeliness/efficiency/appropriateness of solicitation types, reporting and documentation, payment processing, etc.)
  - Adjust internal processes and priorities to accommodate funding fluctuations (QI-PM)



- C. Advocate for state and federal policy change
  - Advocate for foundational public health services funding
  - Support Health Care Cash Fund sustainability initiatives
  - Partner with professional membership organizations on funding advocacy initiatives (Nebraska Association of Local Health Directors, NALHD; Friends of Public Health, and National Association of County and City Health Officials, NACCHO; and others)

### **Goal 3: Prioritize Services & Programs**

- A. Provide leadership and serve as backbone organization for implementing the Community Health Improvement Plan (CHIP)
  - Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation and raise the visibility of the plan in our communities
  - Monitor implementation of the plan and success achieving targeted outcomes, encouraging the use of evidence-based practices and reliable, accurate and timely measures and data (Performance Management System)
- B. Narrow the scope of the department's services and programs
  - Maintain focus on prevention
  - Address health equity and disparities
  - Assure quality and effectiveness of programs (versus quantity of programs) (QI-PM)
- C. Use data effectively
  - Measure progress, prioritize and communicate success and value of programs and services (Performance Management System)
  - Analyze program financial feasibility and sustainability to support decisions to continue current or take on new programs

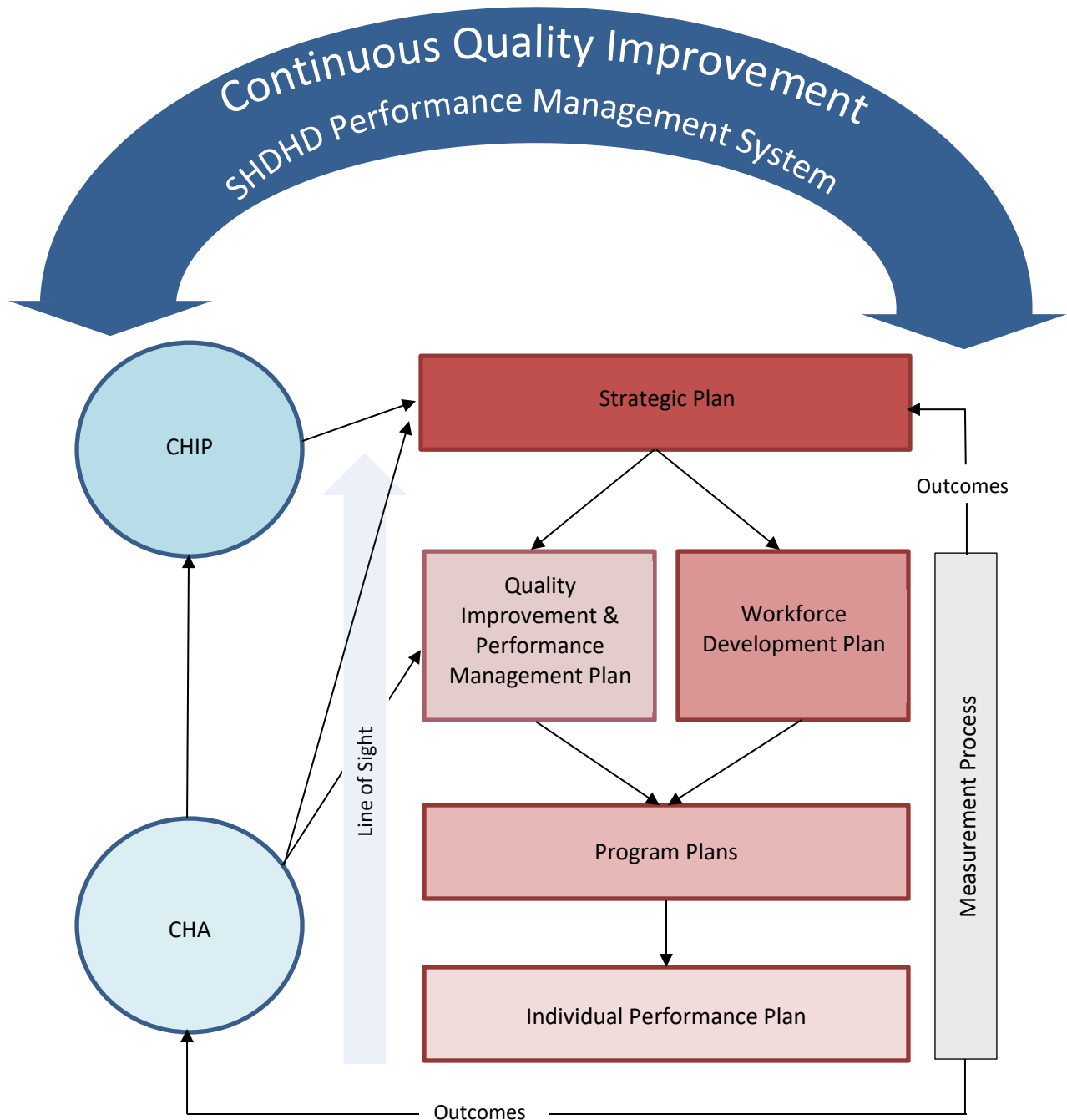
### **Goal 4: Optimize Human Resources**

- A. Recruit community partners to implement CHIP strategies, provide oversight to CHIP implementation, and participate in CHIP performance management
- B. Support transitional strategies to move SHDHD toward level 5 of an organization wide culture of QI-PM
- C. Review and revise workforce development plan
  - Identify strategies to enhance Board and staff engagement
  - Identify strategies for recruiting and retaining a competent and diverse staff
  - Evaluate current state of organizational culture and set objectives to move toward desired state of organizational workforce culture
- D. Improve Board and staff knowledge and skills for quality improvement and performance management (QI-PM Goals)

### **Goal 5: Advocate the "Why" of Public Health**

- A. Build capacity for advocacy
  - Develop relationships with local, state and federal policymakers
  - Strengthen relationships with and engage partners to advocate on behalf of local public health
  - Provide training in stakeholder analysis and persuasive communication for Board and staff to expand capabilities in effective communication (Workforce Dev Plan)
- B. Communicate the value of public health
  - Share advocacy messages and talking points with Board members to facilitate communication with their constituents and community members
  - Use health literate methods to share data and stories that communicate why we do what we do, our programs and services, our outcomes and successes, and our needs
  - Enhance public relations and visibility, expanding use of social media and other directed communications
  - Assure frequent, regular communication with city/county/state government and other key stakeholders

## SHDHD Performance Management System



October 2019

S:\Resources - Polices- Plans\Plans - SHDHD\Performance Management

Approved by BOH 11.06.19

## The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

---

**Policy development:** Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

**Resource stewardship:** Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

**Legal authority:** Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

**Partner engagement:** Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

**Continuous improvement:** Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

**Oversight:** Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit [www.nalboh.org](http://www.nalboh.org).

*Approved by the NALBOH Board of Directors – November 2012*





### Board of Health Minutes

South Heartland District Health Department

United Church of Christ, 220 S Alexander, Clay Center, NE 68933

May 4, 2022, 8:30am

Topic, Lead Person	Comments/Actions		Roll Call/Vote	
	Staff	Michele Bever, Kelly Derby, Janis Johnson		
	Guest	Tory Duncan, Managing Editor, Clay County News		
	COVID-19 Modifications: None - Masks/Hand Sanitizer available			
Welcome & Public Comment Board Chair	The May 2022 Board of Health meeting was called to order by Board President, Nanette Shackelford at 8:30am			
	Open Meeting Statement read aloud by Board President, Nanette Shackelford: Prior to this meeting a notice was posted in the newspapers in Adams, Clay, Nuckolls, and Webster counties. Each member of the Board received a copy of the proposed agenda. The agenda for this meeting was kept continuously current and was available for public inspection at South Heartland District Health Department (SHDHD), 606 N Minnesota, Ste 2, Hastings, Nebraska, and on the Department's website, <a href="http://southheartlandhealth.org">southheartlandhealth.org</a> . This meeting is being held in open session. A copy of the Nebraska Open Meeting Law has been posted in this meeting room and on the SHDHD website and is available for the public's review.			
Determine Quorum	Introductions/Roll Call		Present	Blecha, Kleppinger, Nejezchleb, Neumann, Rempe, Shackelford, Shaw, Harrington at 8:36, Vance at 8:39
	<i>Quorum met</i>			
			Absent	Fegler-Daiss, Kohmetscher, Stitchka, Waechter-Mead

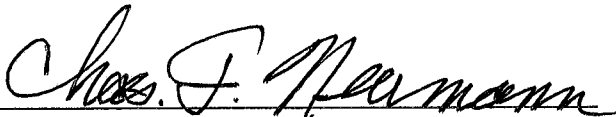
<b>Approve or Amend Agenda</b>	Board approval of May 4, 2022 Agenda	Ayes: All Nays: None
	<b>Motion</b> Neumann	
	<b>Second</b> Kleppinger	
	<i>Motion Passed (voice vote)</i>	
<b>Conflict of Interest</b>	<i>There were no Board member conflicts declared.</i>	
<b>Public Comments</b>	<i>There were no public comments.</i>	
<b>Approve Minutes</b>	Board approval of March 2, 2022 Board Meeting Minutes	Ayes: All Nays: None
	<b>Motion</b> Kleppinger	
	<b>Second</b> Harrington	
	<i>Motion Passed</i>	
<b>Old Business</b> Board Chair	Appointments for open seats on the Board, representing Webster and Nuckolls counties, are still up in the air. Vance says Webster has not appointed anyone yet. Rempe says Nuckolls' appointee has not officially accepted the position. Harrington agreed to sit on both the Policy and Ethics committees. Board approval of remaining Committee appointments.	Ayes: All Nays: None
	<b>Motion</b> Neumann	
	<b>Second</b> Nejezchleb	
	<i>Motion Passed (voice vote)</i>	
<b>Local Community Leader</b> Tory Duncan, Managing Editor, Clay County News	As the son of newspaper editors, Tory can vouch for the unprecedented nature of the time we're living in. The changes forced him to be creative, especially to regain lost advertising dollars. They relied on their printing business to keep them afloat. It was unfortunate that the health department news cycle and data availability did not coincide with the weekly newspaper cycle, but the paper took advantage of social media as much as they could. They caught some grief for what they printed during the height of the pandemic, but felt good about their involvement. They are currently rebuilding the business.	
<b>COVID-19 Update</b> Bever	Bever highlighted "What we know about COVID" from a presentation by Dr Lawler, Nebraska UNMC Global Center for Health Security, stressing increased transmissibility with each new variant, waning immunity, and vaccine as key to maintaining control. Message for all to support health department goal to address readiness. She also summarized the department's COVID dashboard: the latest variant is in the district and rates of the disease are low, but a reduction in testing is making the data less reliable. Waste water surveillance in the country is proving to be a predictor of COVID's presence. The district's waste water (as tracked in Hastings) currently shows little virus.	

<b>Bi-Monthly Report on 10 Essential Services from Staff</b> Bever	<p>Bever provided overview and noted that the department had five attendees at Nebraska's annual Public Health Conference. She recommended that the Board take a look at the department's report on the 10 essential services that is part of the Board packet. She stated that high pathogenic avian flu, as well as syphilis, are current public health issues for the department. She also said highlighted Community Health Improvement Plan (CHIP) implementation with oversight by community steering committees.</p> <p>Board acceptance of Bi-Monthly Report</p> <table><tr><td><b>Motion</b></td><td>Rempe</td></tr><tr><td><b>Second</b></td><td>Blecha</td></tr></table> <p><i>Motion Passed (voice vote)</i></p>	<b>Motion</b>	Rempe	<b>Second</b>	Blecha	Ayes: All Nays: None
<b>Motion</b>	Rempe					
<b>Second</b>	Blecha					
<b>Financial Report</b> Derby	<p>Derby stated that the department is still running cash heavy. This means two things: 1) we continue to fund COVID activities via various grants (not via FEMA dollars), and 2) it provides a cushion for the department's frequent net losses (no loans necessary). IDC is 28% of total expenses and will need to be negotiated up from the de minimus of 10%. Outstanding invoices amount to \$200K.</p> <table><tr><td><b>Motion</b></td><td>Shaw</td></tr><tr><td><b>Second</b></td><td>Kleppinger</td></tr></table> <p><i>Motion Passed (voice vote)</i></p>	<b>Motion</b>	Shaw	<b>Second</b>	Kleppinger	Ayes: All Nays: None
<b>Motion</b>	Shaw					
<b>Second</b>	Kleppinger					
<b>Finance Committee Update</b> Neumann	<p>Neumann updated the Board on entities interested in allocating some of their ARPA funds for health department projects: Juniata and Adams County have shown interest. He also reported that he continues to receive positive feedback regarding the use of ARPA funds on a mobile clinic. Bever reported that a pilot "mobile clinic" is being planned for Roseland to acknowledge the funds that they have already given the department. Neumann also initiated a discussion on needing to assure fair/equitable nursing salaries, which he advised the Board and the department leadership to pay attention to going forward.</p>					
<b>Policy Committee Update</b> Nejezchleb	<p>Nejezchleb summarized that several policies will be minimally revised, and that a discussion on the Bylaws was tabled for later.</p>					



Accreditation Update Johnson	Johnson reported that the second annual accreditation report was submitted 5/2/22. She explained the performance management process, using the department's Access to Care goal as an example. The Community Health Assessment included a Minority Focus group, which is leading to the creation of a Minority Advisory Group to help guide access to care initiatives and to help South Heartland better collaborate with and meet the needs of our minority populations. She also informed the Board of fees for reaccreditation and will be determining payment amount and schedule.													
Communications from Executive Director Bever	Bever updated the Board on progress with the following: immunization clinic renovations (coming along), a backup generator (due in July), staffing (27 staff including volunteers, ERC position still open, Communication Specialist hired), and Give Hastings Day (focus on mental health).													
Communications from Board Board Chair	Shackelford reported that the new pool in Clay Center will open this summer on 5/23/22. She encouraged recruitment of volunteers for the Building Healthy Families program happening this summer (a partnership of Hastings YMCA, South Heartland Mary Lanning and UNL Extension, and funded by a grant from UNK). She welcomed Ken Rempe to the Board. Board members agreed that the replacement of paper copies with ipads was a good move for board meetings. Regarding the Department's accreditation status, Dr. Kleppinger stated that it is "important to stay accredited."													
Adjourn	<table><tr><td colspan="2">Motion to adjourn</td></tr><tr><td>Motion</td><td>Kleppenger</td></tr><tr><td>Second</td><td>Harrington</td></tr><tr><td colspan="2">Motion Passed (voice vote)</td></tr><tr><td colspan="2">Adjourned at 10:37</td></tr><tr><td colspan="2">Next Meeting: July 6, 2022, Nuckolls County</td></tr></table>	Motion to adjourn		Motion	Kleppenger	Second	Harrington	Motion Passed (voice vote)		Adjourned at 10:37		Next Meeting: July 6, 2022, Nuckolls County		Ayes: All Nays: None
Motion to adjourn														
Motion	Kleppenger													
Second	Harrington													
Motion Passed (voice vote)														
Adjourned at 10:37														
Next Meeting: July 6, 2022, Nuckolls County														

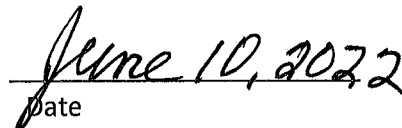
Respectfully submitted,



Charles Neumann, Secretary/Treasurer

Board of Health

South Heartland District Health Department



Date

**SHDHD COVID-19 Situational Update from the Executive Director**

1. Trends / Dashboard:
  - a. Cases
  - b. Community Transmission
  - c. Hospitalizations/Hospital Capacity
  - d. Variants
  - e. Fatality Rate
  - f. Vaccine
2. Upcoming Vaccines: The Food and Drug Administration (FDA) advised manufacturers to develop modified versions of their vaccines that add an omicron component to be used in the fall, echoing the recommendation of the agency's Vaccines and Related Biological Products Advisory Committee. Pfizer and BioNTech released data this week suggesting both a monovalent booster that targets omicron, and a bivalent shot that targets both omicron and the original strain, provide protection against omicron subvariants. Any omicron-targeting vaccine would need FDA authorization before it could be incorporated into a vaccination campaign.
3. Messages/Communications
  1. News Releases in May/June (and News Release Preview texts to Board members and other stakeholders):
    - June 28, 2022 **COVID-19 cases steady at "substantial to high" levels; HD encourages staying up-to-date on vaccinations**
    - June 21, 2022 **Coming Soon: South Heartland parents able to get their very young children vaccinated**
    - June 14, 2022 **SHDHD encourages COVID-19 vaccination for children and infants when they are eligible**
    - June 7, 2022 **SHDHD's COVID-19 cases on the rise**
    - June 1, 2022 **SHDHD monitoring COVID-19 and other communicable diseases**
    - May 24, 2022 **COVID-19 update: Children, Teens and Vaccination**
    - May 10, 2020 **Pregnancy and COVID-19**
    - May 3, 2022 **Best time to get second booster? As soon as you are eligible.**
  2. Overarching Messages to continue in July:
    - Get/stay up to date on vaccination. Studies show that protection from severe illness is higher in individuals who are fully vaccinated and boosted. SHDHD will continue to offer vaccine and to recommend for residents eligible residents, age 6 mo and older, to be up-to-date on their COVID vaccinations. This means getting the initial series, followed by a booster after the recommended length of time, and then a second booster for those who are eligible. Vaccine sites are listed on the SHDHD website.
    - Evaluating individual risk is especially important for people who live with, work with, or care for others who are more likely to have severe illness, and for people who are more likely to get very sick with COVID-19 themselves.
    - Encourage everyone to be supportive of those who want to or need to take precautions around others.
    - Test if you have symptoms. Keep at-home test kits on hand. Locations for testing or for picking up at home test kits are listed on SHDHD website.
    - There are treatments available (antiviral medicine, monoclonal antibodies) to help reduce progression to severe illness, but early testing/diagnosis is necessary for treatments to be effective.



- Post-COVID Conditions (Long COVID) are a growing concern. A new study of adults shows that 1 in every 5 adults have a health condition that might be related to their previous COVID-19 illness. For adults over 65 this increases to one in every 4 may have a Long-COVID condition. The conditions can affect different organ systems resulting in, neurologic/brain and mental health conditions; heart or lung conditions, kidney conditions; muscle and joint problems, or blood clot and blood vessel conditions, for example

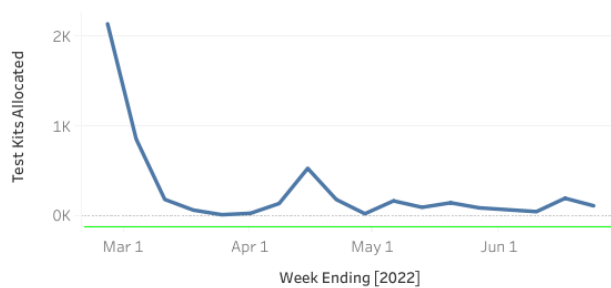
### 3. SHDHD COVID-19 Response focus areas for July/August:

- COVID-19 Vaccination of all eligible ages and assuring long-term care facilities are offering boosters for their staff and residents.
- COVID-19 Testing – where to get tested and access to at-home test kits
- Surveillance: Monitoring case level and presence of variants; assisting long-term care facilities when they have outbreaks
- Data Analysis/Transparency: Maintain data tracking / dashboard
- Staying up to date on global, national and state trends, emerging issues and best practices.
- Communications: with health care providers/pharmacies (re: community levels, accessing treatments, emerging issues), with public (regular updates on status, access to COVID resources and care) and with schools/daycares/other congregate settings (prevention in settings most at risk for spread)
- Assuring PPE and other materiel/supplies are available
- Beginning to transition some staff out of COVID surveillance to other public health work

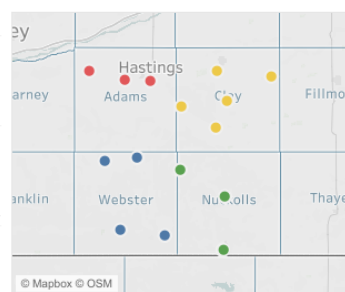
DRAFT

## COVID-19 Home Test Kits Allocated in South Heartland Health District

District Wide Test Kit Allocation



Number of Locations in Each City



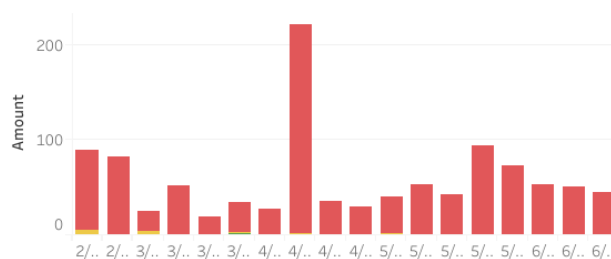
Dashboard last updated: 06/28..

Number of Active Locations: 71

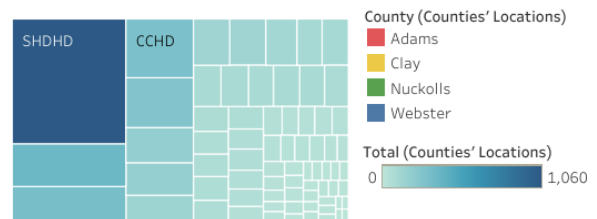
Total Allocated by County



Test Kits SHDHD Given to Public



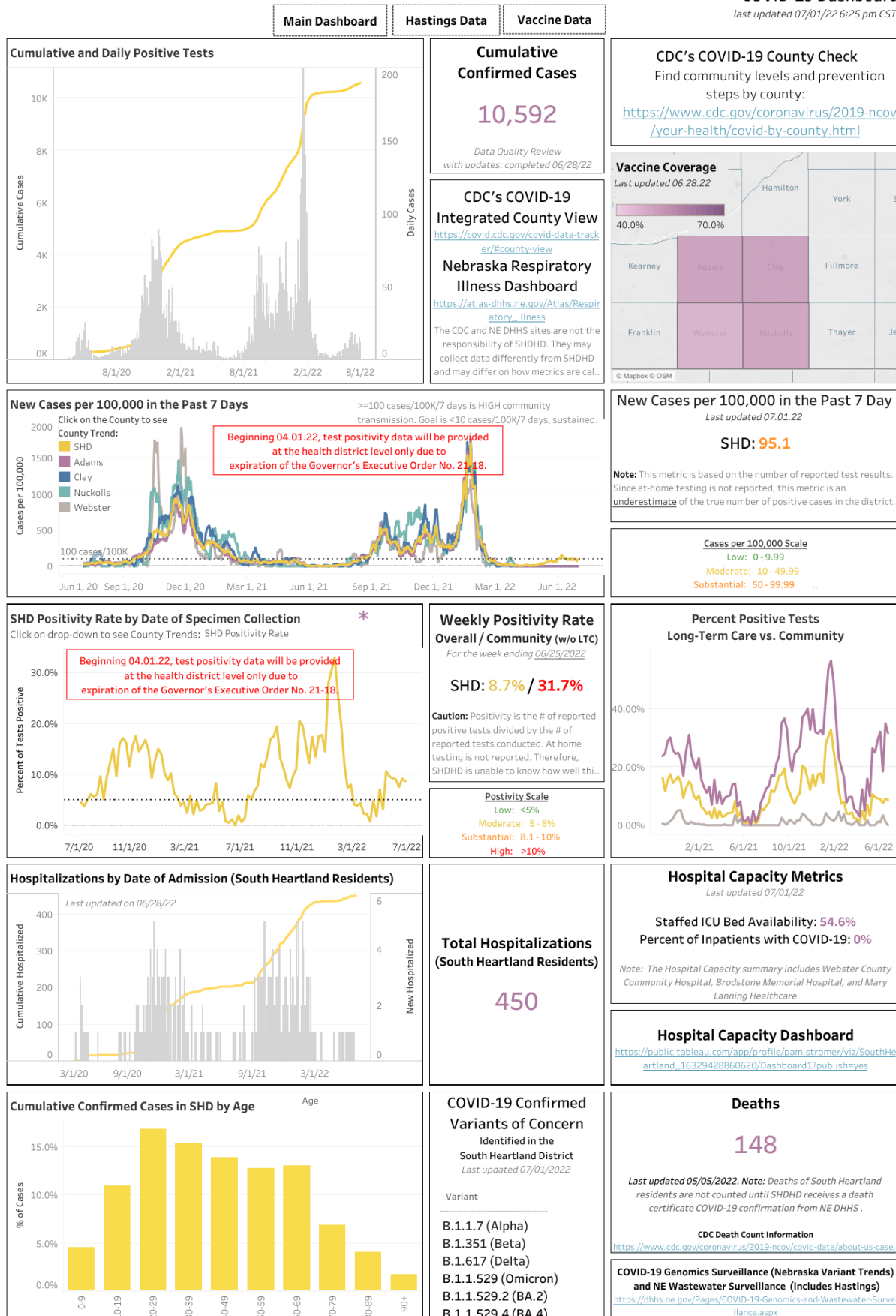
Total Kits Allocated to Each Location





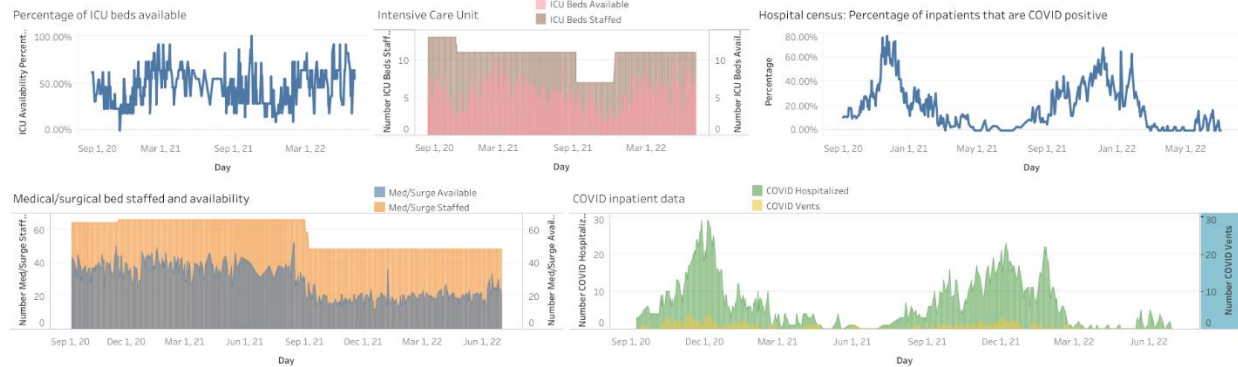
## COVID-19 Dashboard

last updated 07/01/22 6:25 pm CST



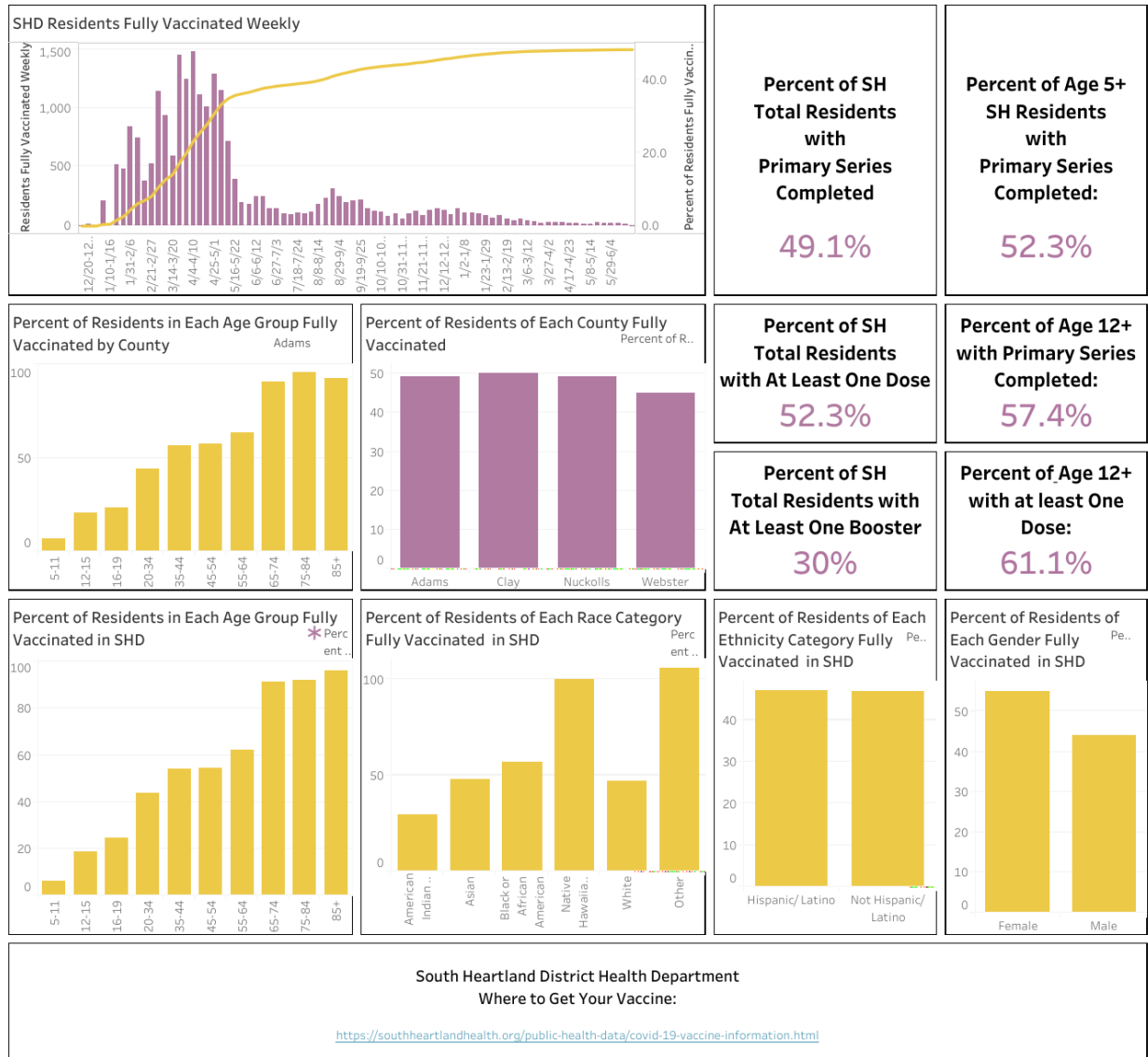


**South Heartland Hospital Data** updated as of July 1, 2022  
Hospital Data will be updated every weekday morning.



COVID-19  
Dashboard

Main Dashboard Hastings Data Vaccine Data

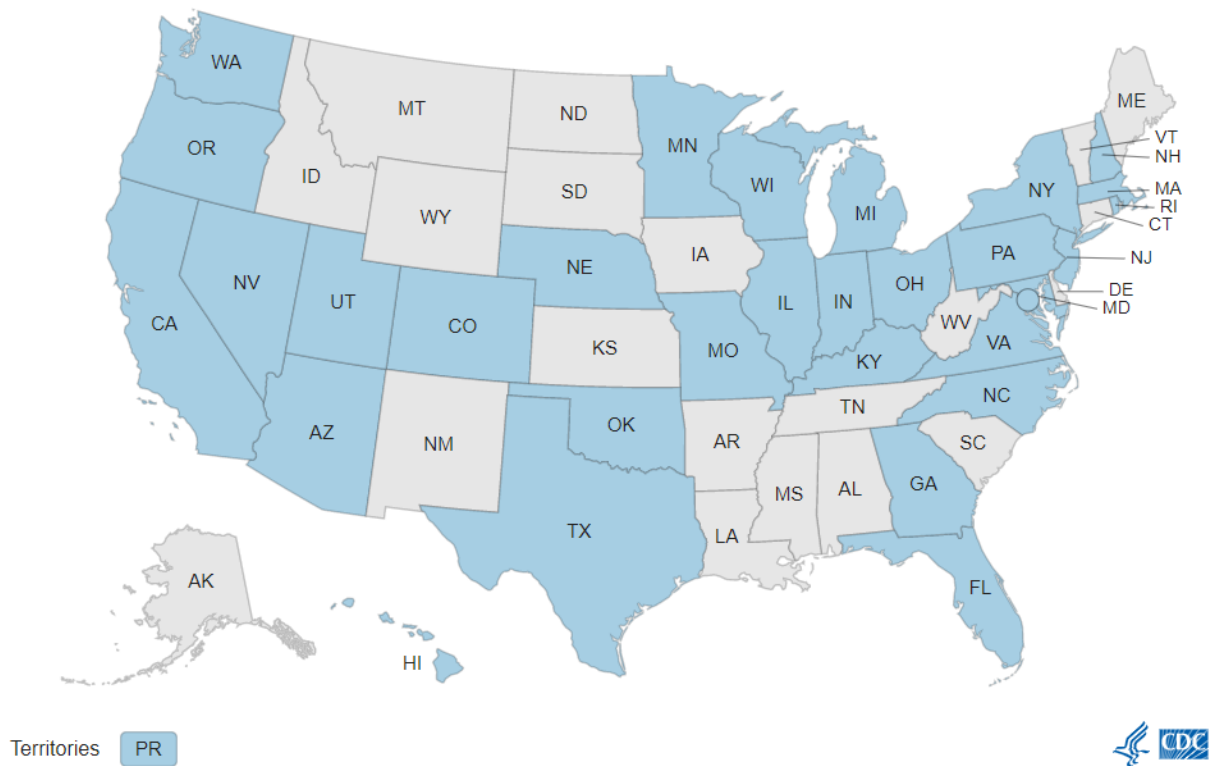




**SHDHD Monkeypox Situational Update from the Executive Director**

1. Cases – National/State
2. Overview
3. SHDHD Monkeypox Preparedness Efforts
  - a. Internal Surveillance/Response Readiness
  - b. Communications to Healthcare Providers
  - c. Developed Training for EMS/First Responders
  - d. Communications to Public

## 2022 U.S. Map & Case Count





State	Number of Cases
<input type="radio"/> Arizona	1
<input type="radio"/> California	95
<input type="radio"/> Colorado	7
<input type="radio"/> District Of Columbia	31
<input type="radio"/> Florida	51
<input type="radio"/> Georgia	11
<input type="radio"/> Hawaii	6
<input type="radio"/> Illinois	53
<input type="radio"/> Indiana	3
<input type="radio"/> Kentucky	1
<input type="radio"/> Maryland	7
<input type="radio"/> Massachusetts	23
<input type="radio"/> Michigan	1
<input type="radio"/> Minnesota	6
<input type="radio"/> Missouri	3
<input type="radio"/> Nebraska	1
<input type="radio"/> Nevada	2
<input type="radio"/> New Hampshire	1
<input type="radio"/> New Jersey	4
<input type="radio"/> New York	90
<input type="radio"/> North Carolina	2
<input type="radio"/> Ohio	3
<input type="radio"/> Oklahoma	2
<input type="radio"/> Oregon	2
<input type="radio"/> Pennsylvania	14
<input type="radio"/> Puerto Rico	1
<input type="radio"/> Rhode Island	1
<input type="radio"/> Texas	12
<input type="radio"/> Utah	5
<input type="radio"/> Virginia	11
<input type="radio"/> Washington	6
<input type="radio"/> Wisconsin	1

Data as of July 1, 2022, 2 pm Eastern. Data will be updated Monday–Friday.  
Total confirmed monkeypox/orthopoxvirus cases: 460



# Should I be worried about monkeypox?



If you have symptoms of monkeypox, such as unexplained rashes or lesions, contact your healthcare provider.

*Especially if you recently:*

- 1) Traveled to countries where monkeypox cases have been reported, or
- 2) Have been close to someone with monkeypox symptoms or who has been diagnosed with monkeypox.

# Monkeypox: Get the Facts

- Monkeypox is a rare disease caused by the monkeypox virus
- Monkeypox can make you sick including a rash or sores (pox), often with an earlier flu-like illness
- Monkeypox can spread to anyone through close, personal, often skin-to-skin contact including:
  - Direct contact with monkeypox rash, sores or scabs
  - Contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox
  - Through respiratory droplets or oral fluids from a person with monkeypox
- This contact can happen during intimate sexual contact including:
  - Oral, anal, and vaginal sex
  - Hugging, massage, or mutual masturbation
  - Kissing and talking closely
  - Touching fabrics and objects during sex that were used by a person with monkeypox, such as bedding, towels and sex toys
- We know the virus can be spread in fluid or pus from monkeypox sores, and are trying to better understand if virus could be present in semen or vaginal fluids



## What Are the Symptoms?

- Early flu-like symptoms of monkeypox can include:

- Fever
- Headache
- Muscle aches and backache
- Swollen lymph nodes
- Chills
- Exhaustion



- A rash or sores, sometimes located on or near the genitals or anus, but sometimes in other areas like the hands, feet, chest or face – sores will go through several stages before healing
- Sores may be inside the body, including the mouth, vagina, or anus
- Some people experience a rash or sores first, followed by other symptoms and some only experience a rash or sores
- Monkeypox can be spread from the time symptoms start until all sores have healed and a fresh layer of skin has formed – this can take several weeks

## If You Have a New or Unexplained Rash, Sores, or Other Symptoms...

- See your healthcare provider – if you don't have a provider or health insurance, visit a public health clinic near you
- When you see a healthcare provider for possible monkeypox, remind them that this virus is circulating in the community
- Avoid sex or being intimate with anyone until you have been checked out



## If You or Your Partner Have Monkeypox...

- Follow the treatment and prevention recommendations of your healthcare provider
- Avoid sex or being intimate with anyone until all your sores have healed and you have a fresh layer of skin formed.

For more information, please visit [www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)





Proudly serving, Adams, Clay, Nuckolls and Webster Counties

606 N. Minnesota, Suite 2  
Hastings, NE 68901  
(402) 462-6211  
FAX: (402) 462-6219  
Toll Free: (877) 238-7595

WEB: [www.southheartlandhealth.org](http://www.southheartlandhealth.org)

## South Heartland District Health Department Health Advisory – Guidance for Suspect Monkeypox

TO: Hospitals, Labs, Clinics and Urgent Care Centers

DATE: 7/1/2022

Nebraska's first case of orthopox was confirmed in Douglas Co. on June 27<sup>th</sup>, 2022. Currently, there are 396 cases in 31 states across the US, with new cases being detected daily. South Heartland continues to monitor the spread of monkeypox and is prepared to respond, should we identify cases in our jurisdiction.

### **Precautions by the CDC for the clinic setting:**

A patient with suspected or confirmed monkeypox infection should be placed in a single-person room; special air handling is not required. The door should be kept closed (if safe to do so). The patient should have a dedicated bathroom. Transport and movement of the patient outside of the room should be limited to medically essential purposes. If the patient is transported outside of their room, they should use well-fitting source control (e.g., medical mask) and have any exposed skin lesions covered with a sheet or gown. Intubation and extubation, and any procedures likely to spread oral secretions should be performed in an airborne infection isolation room.

Personal protective equipment for anyone entering the room should include a gown, gloves, eye protection (goggles or a face shield that covers the front and sides of the face) and N-95 mask or more protective mask if available. Activities that could resuspend dried material from lesions, e.g., use of portable fans, dry dusting, sweeping, or vacuuming should be avoided.

### **Monkeypox Identification:**

Monkeypox infections may be mild, with the patient presenting with a single lesion or lesions in different stages. Lesions may be deep-seated and well-circumscribed or may resemble pimples or blisters. Lesions may be disseminated or localized. Clinicians should perform a thorough skin and mucosal examination, including oral, anal and vaginal regions for the characteristic vesiculo-pustular rash of monkeypox. For additional images of monkeypox lesions see: <https://www.cdc.gov/poxvirus/monkeypox/symptoms.html>

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.



606 N. Minnesota, Suite 2  
 Hastings, NE 68901  
 (402) 462-6211  
 FAX: (402) 462-6219  
 Toll Free: (877) 238-7595  
 WEB: [www.southheartlandhealth.org](http://www.southheartlandhealth.org)

**Proudly serving, Adams, Clay, Nuckolls and Webster Counties**

Additional symptom may include proctitis, lymphadenopathy, and other viral prodromal symptoms including malaise, myalgia, headache, fever and fatigue prior to onset of rash. Not all patients experience prodromal symptoms.

Clinicians should ask about recent travel history, contact with an ill animal, specifically a rodent, recent sexual activity and known exposure with someone who has recently tested positive for monkeypox. If clinicians identify patients with a rash that could be consistent for monkeypox, please contact South Heartland to request testing through NPHL. Please call our office during business hours at 402-462-6211 or 402-469-6480 after hours.

### **Specimen Collection:**

The CDC has authorized testing through commercial labs including Aegis Science, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare, however these large commercial labs have not yet been verified. At this time, Nebraska Public Health Lab will process two initial specimens sent in for orthopox testing and two additional specimens will be sent to the CDC for verification. After contacting South Heartland for approval, your clinic will work directly with NPHL for specimen collection and category B shipping instructions. NPHL phone: 402-559-2440 or 866-290-1406.

Healthcare staff should wear appropriate PPE when collecting specimens. Collect four specimens of multiple types of lesions for preliminary and confirmatory testing as follows: 1) Vigorously swab or brush lesion with two separate sterile, dry polyester or Dacron swabs; 2) Break off the end of the applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.

### **Vaccination of identified contacts:**

DHHS has an allotment of vaccinations that can be administered to close contacts. Vaccines can be requested through South Heartland.

### **Additional information can be found at:**

<https://www.cdc.gov/poxvirus/monkeypox/about.html>

<https://www.who.int/emergencies/disease-outbreak-news/item/2022-DON385>

**Thank you for your efforts in keeping our communities healthy!**

**Michele Bever PhD, MPH**, Executive Director  
**Jessica Warner, MPH**, Health Surveillance Coordinator

[michele.bever@shdhd.org](mailto:michele.bever@shdhd.org)  
[jessica.warner@shdhd.org](mailto:jessica.warner@shdhd.org)

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.



BOH023  
JULY 2022

# FIRE & RESCUE HEALTHY NEWS

Brought to you by the South Heartland District Health Department

## Resources:

If you are having difficulties after a call, talk to someone on your team that you trust about your concerns and struggles.

NATIONAL SUICIDE  
PREVENTION LIFELINE  
1-800-273-8255

**\*On July 16, the current Nat. Suicide Prevention Lifeline number will change to a new three-digit dialing code: 988. When people call, text or chat 988, they will be connected to trained counselors.**

The current Lifeline phone number will always remain available to people in emotional distress or suicidal crisis, even after 988 is launched nationally.

## What to know about Monkeypox

Monkeypox is a rare disease and can make a person sick, including a rash or sores (pox), often with an earlier flu-like illness.

### HOW IT SPREADS:

- Through close, personal, often skin-to-skin contact with monkeypox rash, sores or scabs.
- Contact with objects, fabrics, and surfaces that have been used by someone with monkeypox.
- Through respiratory droplets or oral fluids from a person with the disease.
- During intimate sexual contact including oral, anal, and vaginal sex or touching fabric objects during sex such as bedding, towels, and sex toys.
- By hugging, kissing, massage or talking in close contact.

### THE SYMPTOMS:

- Fever, headache, muscle aches, backache, swollen lymph nodes, chills, and exhaustion.
- A rash or sores often show up on the hands, feet, chest or face, but can sometimes be located on or near the genitals or anus, and may occur inside the body, including the mouth, vagina or anus.
- Anyone with symptoms of Monkeypox, such as unexplained rashes, should contact their healthcare provider.



### CONTAGIOUS PERIOD AND ISOLATION:

- Contagious period starts from the time of any symptom onset until the lesions have crusted over and new skin has formed under the lesions.
- The incubation period typically lasts from three to 21 days, most commonly seven to 14 days.

SHDHD is following this disease situation. Contact South Heartland if your department would like training on monkeypox.

To learn more about monkeypox or for the most up-to-date information, visit:

**[www.cdc.gov/monkeypox](http://www.cdc.gov/monkeypox)**

**[www.southheartlandhealth.org](http://www.southheartlandhealth.org)**



**402-462-6211**

**606 N Minnesota Ave., Suite 2, Hastings  
[southheartlandhealth.org](http://southheartlandhealth.org)**

*Thank you for your constant service to your communities!*

### Roseland Health Fair Event, May 20, 2022

SHDHD staff brought COVID-19 vaccines, COVID test kits, colorectal cancer screening kits, health literacy tips for doctor's appointments, West Nile Virus prevention information and insect repellent, blood pressure checks, diabetes risk assessments and referrals to diabetes prevention program, falls risk assessments and referrals to falls prevention programs, rural ag health and safety assessments and ag PPE/safety kits, radon information and radon test kits, and information on 211. Midland Area Agency on Aging/Senior Services also had information available to participants.



### Minority Health Fair Event, May 24, 2022

SHDHD was joined by United Way and Migrant Education Program for a minority health fair event in Hastings. SHDHD provided COVID shots and test kits, health information and consultations, and information about community resources.





## Minority Health Planning, June 29, 2022

SHDHD community health worker, Julia Sarmiento (standing, left), summarizes the results from listening sessions (November-December 2021), priority-setting sessions (February 2022) and minority health strategic planning activities (March 2022) for a group of community members interested in serving on a minority health advisory group to help provide input and oversee the action items in the plan. Funding for these activities supported by Minority Health Initiative funds awarded to SHDHD from NE DHHS

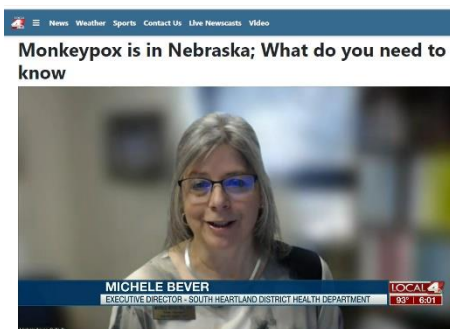


## Breakfast Breakout Session – The Opioid Conversation

Two SHDHD staff members attended the Area Substance and Alcohol Abuse Prevention (ASAAP) Breakfast Breakout Session to hear from an overdose survivor, a local pharmacist, and Hastings Police Department officers, and to learn about overdose lifeline training. ASAAP is one of SHDHD's community partners for the Substance Misuse priority in our Community Health Improvement Plan.



## SHDHD on the News: talking about Monkeypox, Pediatric COVID-19 Vaccine, Extreme Heat, Post-COVID conditions, and more...



### South Heartland District to start administering pediatric COVID-19 vaccines



### Good Advice for Staying Safe and Healthy in the Summer Heat





# Bi-monthly Report on the Ten Essential Services of Public Health

## 1. Assess and monitor population health status, factors that influence health, and community needs and assets (*What's going on in our district? Do we know how healthy we are?*)

- *How do we collect and maintain data about conditions of public health importance and about the health status of the population, and how do we make it available to our partners and our community?*
- *What major problems or trends have we identified in the past 2 months?*
- **Surveillance:** A key role of the health department is to monitor what is going on in our communities and share data back to the community so residents can be aware and make their own informed decisions (Essential Public Health Services 1 and 3). Tableau is our data platform for dashboards.
  - Surveillance data, water violations, and other health information is made available on our website, links on our website, news releases & interviews to various forms of media, and upon request from partners or others.
  - SHDHD continues to share an immense amount of COVID data. SHDHD shares color-coded metrics on new cases and positivity to help the public understand the level of community transmission.
  - The vaccine dashboard page shares progress for demographics and COVID-19 vaccination rates.
  - The hospital dashboard page shows trends in the aggregate available capacity of the three district hospitals.
  - SHDHD surveillance staff have investigated salmonella, STEC, giardia, and ehrlichiosis infections during this reporting period. There have been four outbreaks aside from COVID outbreaks since the beginning of the year. We have also reviewed labs for West Nile virus.
- **West Nile Virus:** Trapping for West Nile virus (WNV) testing started in the first week of June in Adams Co. with 72 trapped the first week, and 1,651 trapped the second week. Packets were sent to all veterinarians in our health district with information to promote equine WNV vaccination and rabies prevention.
- **Monkeypox Virus:** SHDHD epi staff is preparing to assist healthcare and to provide guidance for monkeypox virus. We have provided updates to healthcare staff and first responders. We are prepared to approve testing for suspected cases and to monitor positive cases and exposed individuals, if needed.
- **Coronavirus (COVID-19) Pandemic Situation Update / Dashboard Highlights:**
  - As of June 30, 2022, a cumulative 10,585 South Heartland residents have tested positive for COVID. During this reporting period, 305 Covid cases were reported. Case rate and positivity (percent positive tests) (excluding the nursing home data) is in the high range. Hospitalizations have been sporadic during this reporting period. There are currently no COVID patients hospitalized in our jurisdiction.
  - A total of 263 specimens have been sequenced through 6/27/2022. Five specimens have been sequenced during this reporting period, resulting in identification of Omicron BA2 and BA4 variants. The omicron variant and subvariants have dominated cases this year.
- **SHDHD's dashboard tracks deaths related to COVID:** This process requires death certificates to be reviewed by DHHS and sent to each jurisdiction. Following the CDC practice, SHDHD includes confirmed (PCR positive) and probable (Antigen positive) COVID-related deaths in our counts. This information is important in understanding fatality rates related to illness. Cumulative 148 deaths attributed to COVID-19 since the beginning of the pandemic. **Current Case Fatality Rate: 1.4%**

## 2. Investigate, diagnose, and address health problems and hazards affecting the population

*(Are we ready to respond to health problems or threats? How quickly do we find out about problems? How effective is our response?)*

- *Key activities in the past 2 months to prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food-, water-, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities*
- *Emergency preparedness (e.g., planning, exercises, and response activities)*
- **COVID-19 Preparedness and Response:** SHDHD continues to be responsible for receipt, inventory, repackaging and dissemination of PPE for our jurisdiction. To help keep key partners informed, SHDHD sent 8 Alert Sense notifications (May - June) to over 140 individuals each time and issued 10 news releases to media and partners. Staff check the Nebraska Electronic Disease Surveillance System (NEDSS), Salesforce, and fax machine for COVID test results.

- **PPE distribution totals:** From the beginning of March 2020 through the June 30, 2022 SH has distributed out: Masks – 235,037, Surgical Masks – 325,850, Cloth Masks – 50,630, Face Shields – 36,886, Goggles – 3,275, Hand Sanitizer – 1,379 containers, Wipes – 11,549 containers, Gloves – 985,700, Gowns – 196,834, Thermometers – 802, Bleach – 12 gal., Eco Lab Disinfectant – 3 containers.
- **E-MED Test Kits:** 5,730 E-MED at-home COVID test kits were received during Feb – June 2022. These kits were inventoried and allocated to schools and child care facilities for their use and to public sites in each county. So far 5,21 kits have been distributed to 71 organizations/individuals across the district. SHDHD office serves as the public site for kit pick up in Adams County.
- **STD/STI Response:** Facilitated state public health and local healthcare providers to reduce barriers and assure testing and treatment for a pregnant woman and her partner.
- **Communications Drills:** Assuring bi-directional communications with pharmacies by revising points of contact and preferred communications methods in readiness for an upcoming drill to test our communications and response.

### **3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it (How well do we keep all people in our district informed about health issues?)**

- *Examples of key information related to physical, behavioral, environmental, social, economic, and other issues affecting health that we provided to the public.*
- *Examples of health promotion programs that we implemented to address identified health problems.*
- **Community sign boards:** May: “Mental Health Awareness”, “Sexual Assault Awareness Month”, and “The Covid-19 Vaccine Helps Protect You & Your Family”. June: “What is PTSD”, “Men’s Health Month”, and “National Family Health & Fitness Day Info”.
- **News releases, public health columns, ads and interviews:** COVID activities have plateaued in these last two months, but continue to be the primary topic of news releases and communications. In May/June, SHDHD put out 9 press releases and granted phone interviews for TV and radio media requests, focusing primarily on COVID-19-related issues and vaccinations, health screenings and mental health, and extreme heat. Practical Mental Health Strategies and Mosquito/Tick Safety were the focus of the PH columns. Did 4 “Healthy Everyday” interviews with Local 4: Mental Health strategies, COVID-19 vaccine/boosters/pregnant women, COVID-19 vaccine for children and teens, and Post-Covid Conditions (Long COVID).
- **Radio Advertising:** SHDHD continues running PSAs on Flood Communications’ stations and KRFS in Superior to promote getting the COVID vaccine and practicing prevention. The current script focuses on the South Heartland website and the information available, such as what to do if you’ve been exposed, where to go for testing or where to get a vaccine, as well as COVID-19 data. In addition, during May, SHDHD’s PSAs also included some good mental health strategies.
- **SHDHD Social Media:** During May and June, English Facebook page reached 5,270 people, the Instagram page reached 73 people, and the Spanish FB page has reached 1,221. Topics included National Safety Month, Covid vaccine, HIV testing, mental health, sun safety, and West Nile Virus prevention.
- **Website:** Our website “views” continued to decrease for May (1,556 views) and June (1,680), and continue to be lower than our max views (19,204 views) during a single month in the pandemic. Website views continue to be higher than our pre-COVID-19 (~450 views/mo). We have an intern who is translating documents and pages for a Spanish language section of our website: expect to launch by July 30<sup>th</sup>.
- **COVID-19 Information for Public:** SHDHD staff continues to focus on answering calls accurately, timely, professionally and transparently. Website charts (testing & vaccine information) updated weekly & as needed.

### **4. Strengthen, support, and mobilize communities and partnerships to improve health (How well do we really get people and organizations engaged in health issues?)**

- *Process for developing SHDHDs community health improvement plan (CHIP) and/or implementing our work plan.*
- *Examples where we engaged the public health system and community to address health problems collaboratively.*
- **Community Health Improvement Plan (CHIP) implementation:** SHDHD continues to work on a CHIP dashboard to share with partners and the public to highlight implementation progress.
- **Access to Care CHIP Priority:**

- **Health Equity (HE):** Medicaid Expansion and ensuring individuals are navigated to services is a priority for both the Access to Care Steering Committee and the Health Equity (HE) grant. SHDHD hosted two community health fairs this period- specific to a rural community and the Hispanic/Latino community, assuring information available to meet the needs of the expected participants. SHDHD leadership team attended a HE retreat with NE DHHS in May to learn more about how to make communities inclusive. South Heartland is working to place electronic communication boards in our four counties where rural, low income, or minority populations will have access to current public health information and resources.
- **Mental Health CHIP Priority:**
  - **Rural Behavior Health (BH) Network:** The Rural BH Network continues to virtually meet on schedule to implement their strategic plan. During the June meeting, SH reported how the pilot projects went (see the success story), shared the updated BH needs assessment data and began discussing the future/sustainability of the network.
  - **Maternal Child Health:** SH continues using MCH funding to develop relations with a local pediatric provider and ESU-9 to impact youth and prevent suicide. SH will again work with the local ESU to implement QPR training for 5 local schools. SH also began identifying two clinic partners for this grant cycle- no formal agreements with clinics are in place yet.
  - **Other:** Donations from Give Hastings Day are being used to make stress kits for middle school/ freshmen students and to offer 2 Mental Health First Aid trainings to interested community members and people who work with youth.
- **Substance Misuse CHIP Priority:** SHDHD continues to carry out our drug overdose prevention workplan with the assistance of community partners. Through MOU activities, Area Substance & Alcohol Abuse Prevention (ASAAP) offered a community training “*Opioids and the Public Health Crisis*”. They had a great turnout. SHDHD is working with area libraries to place safe drug disposal kits for the community to take home and utilize. Additionally, SHDHD utilized a nursing student to continue working on understanding pain management prescription practices, strengths and gaps identified by our hospitals and clinics. Lastly, we continue to work on general communication to the communities about opioid use and the accompanying stigma.
- **Obesity & Related Health Conditions CHIP Priority:**
  - **Building Healthy Families:** SHDHD continues to implement the second cohort for 1 family. The core BHF team (SHDHD and partners) is finding it difficult to get enough families recruited for the program. The team is planning to reach out to health care providers to refer families for a class in the fall.
  - **Prevention Connection: HALT - Diabetes Prevention Class (DPP):** Hastings & Superior started a combined HALT class (virtual online National Diabetes Prevention Program by Nebraska Department of Health) on March 1, 2022, with 11 Participants starting the yearlong classes. Participants receive a weekly video session, track meals, weight, and physical activity receive daily messages from their coach, and community messaging. With 16 weeks into the year-long class, so far, the 11 participants have lost 81 lbs. or 3.49% weight loss. The year-end goal is to have 5-7% weight loss (2 participants @ 3%, 3 participants @ 4%, 1 participant @ 5% and 1 participant @ 11%). SHDHD is planning another HALT class to start in September.
  - **Whole School, Whole Community, Whole Child (WSCC):** SHDHD met with both HPS and Harvard to finish implementing their action plans for the 4<sup>th</sup> year of the grant. Each team had different goals, but both of them were addressing mental health issues related to COVID. SH, began working with teams on goals they hope to accomplish in the final year of the funds. SH also attended the CDC Healthy Schools WSCC grantee conference in June with all (6) NDE partners and the 2 other LHDs that are a part of this project.
- **Cancer Priority:**
  - **Mary Lanning Healthcare Cancer Committee:** Michele attended and shared community needs assessment cancer data with the group.
  - **Colon Cancer:** No cost FOBT Colon Cancer Screening kits are available at the department and at one site in every county (ML Community Health Center, Sutton Pharmacy, Main St. Clinic and Superior Family Medical Clinic). Kits can be accessed through our website and mailed out to clients as well. 6 kits were distributed in May/June. *Coming soon: fecal immunochemical test (FIT) will replace the FOBT test kits. FIT uses antibodies to detect blood in the stool and has an easier stool specimen collection process.*
- **Injury Prevention: Tai Chi Moving for Better Balance & Stepping On Classes:** Next Stepping On class will start July 13 (1 pm) at the YMCA – Hastings. Stepping On meets once a week (7 weeks for 1½ hours) with guest experts addressing fall-related topics (balance & strength exercises, vision, prescribed & over-the-counter medications, obstacles (community & house), shoes, and lifeline). Tai Chi classes start again, August/Sept.

## 5. Create, champion, and implement policies, plans, and laws that impact health

**(What policies promote health in our district? How effective are we in planning and in setting health policies?)**

- *What policies have we proposed and implemented that improve population health and/or reduce disparities?*
  - *Describe how our department engaged in agency-specific strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.*
  - *What plans are we developing and implementing to improve our department's quality and effectiveness (plans for quality improvement, workforce development, branding, communication, and performance management)?*
- **New Plans (Grant Proposals, Subawards and Contract Projects):**
- **Work plans for other grants and subawards:**
    - **Minority Health Initiative (MHI):** SHDHD submitted a budget that supported the workplan activities, which included: 1) Education/outreach center for minority, 2) Increasing the cultural competences in health care and increasing the number of bilingual staff, and 3) Reducing barriers to care for minority.
    - **COVID Immunization** - SHDHD submitted a workplan and budget to continue working to offer and promote COVID Immunizations throughout the district.
    - **PHEP** - SHDHD submitted a budget to continue working on PHEP activities. The workplan is dictated by DHHS
    - **Opioid** - SHDHD submitted a workplan and budget for continuation of funds to implement Opioid prevention activities.
    - **United Healthcare (UHC)** - SH submitted a workplan with two tracks of work, immunization and health (which will include BP education, health program, Diabetes Prevention and Building Healthy Families promotion, and Colon cancer testing kit promotion).
    - **Transforming Diabetes** - entered a contract with UNMC to assist with local coalition development and facilitation.
    - **Local ARPA Funds:** To date, two municipalities have given or pledged a portion of their ARPA funds to SHDHD for mobile public health services project and behavioral health screening/referral project.
    - **State ARPA Funds:** SHDHD will be developing a work plan and budget for \$550,000. Likely focused on infrastructure, but waiting on additional information from NE DHHS regarding allowable costs
- **COVID-19 Response Plans:** We have started addressing our action items from our most recent After-Action Review (AAR), including incorporating exercises/training, and re-engaging our ethics process and the Ethics Committee.
- **COVID-19 Vaccine Distribution Plan:** Vaccine distribution continues via district COVID-19 vaccine providers, at our own weekly clinics in Adams County and with partners to reach special populations. COVID-19 vaccine inventory at the department beginning May 1<sup>st</sup> was 1,312 doses. During May/June, shipments of 3,000 doses were ordered and received and 1,635 COVID-19 doses were transferred out to providers across the district. SHDHD administered 277 doses of vaccine at VFC/AIP and COVID-19 vaccination clinics during May/June.
- **Vaccine FDA Approval/EUA (Emergency Use Authorization):** SHDHD continues to follow and promotes to district COVID-19 vaccine providers, all CDC, FDA, and ACIP recommendations for vaccine approval and Emergency Use Authorization guidance for COVID-19 vaccination procedures, VAERS reporting (vaccine adverse event reporting system), and stringent adherence to vaccine management and handling procedures. SHDHD informs and educates area COVID-19 vaccine providers and serves as a continual resource for managing all of the complexities associated with multiple vaccines and the frequent changes. SHDHD utilizes our website for providing provider resources as well. During May/June, recommendations were made for expanded eligibility for booster shots and for vaccinating very young children.

## 6. Utilize legal and regulatory actions designed to improve and protect the public's health

**(When we enforce health regulations are we up-to-date, technically competent, fair and effective?)**

- *Describe efforts to educate members of our community on public health laws, policies, regulations, and ordinances and how to comply with them.*
  - *What laws and regulations have we helped enforce to protect the public's health?*
- **Nebraska Clean Indoor Air Act:** No complaints registered this period.
- **SHDHD's Quarantine and Isolation Authorities:** SHDHD continues to provide education and instruction (those testing positive for COVID-19 or exposed to positive individuals) for specific groups & refer others to DIY website resources. (TITLE 173 COMMUNICABLE DISEASES CHAPTER 1 REPORTING AND CONTROL OF COMMUNICABLE DISEASES.)



- Restaurant Inspection Reports from Nebraska Department of Ag: Reached out to Dept of Ag to request that they resume sending quarterly inspection reports that local health departments are supposed to be receiving. SHDHD hadn't received a report since August 2020.

## 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy (*Are people receiving the medical care they need?*)

- *Describe the gaps that our department has identified in personal health services.*
- *Describe the strategies and services that we have supported and implemented to increase access to health care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community.*
- Immunization: Vaccine for Children Program: SH's immunization team continues to utilize COVID-19 safeguards during clinics to ensure that all staff and patients are protected to the best of our ability. Regular monthly immunization clinics were held in May/June. Staff delivered 78 total vaccinations to 31 VFC patients at the combined clinics. Of the 31 patients, 28 (90%) were uninsured and 3 (10%) had Medicaid coverage. 8 new patients (kid/adults) were seen with referrals coming from local providers, Migrant outreach worker and family/friend referrals. 24 (75%) patients (kids/adults) were provided Spanish print materials and interpretation during their visits and during the appt. reminder calls. Donations totaling \$36.00 were collected during the combined May/June clinics.
- Immunization: Adult Immunization Program: 1 vaccination (COVID-19) was administered to a parent during the May/June clinics. Client was uninsured.
- Reminder/Recall to improve vaccination rates: Bi-lingual CHW is working to complete reminder/recall activities each week with continued focus on 11-18-year-old clients needing to complete their HPV vaccination series. In May/June, 20 client records were reviewed. 9 calls/voicemails/texts were made. 1 client connections were made.
- COVID-19 Vaccinations: Weekly public COVID-19 vaccine clinics held in the space at the west end of Allen's have continued through May/June. COVID-19 vaccines have also been administered to the uninsured populations attending VFC/AIP clinics at the department and are available to homebound or incarcerated individuals. Vaccination rates: 52% of total SH Residents have received at least 1 dose, 49.1% of total SH residents completed primary series. 30% of total SH Residents have received at least one booster.
- Community Health Worker (Bilingual): Continue with monthly VFC clinics to schedule appointments, assist with interpretation, and reach out to our Hispanic community, as well as for weekly COVID vaccination clinics at Allen's. Translation for many staff projects and posts for Spanish Facebook. Assist and participate in Minority Health grant focus groups and assist with the planning of 2 informative Covid-19 videos in Spanish directed toward the Hispanic population.
- Community Health Worker (English Only) / Every Woman Matters (EWM) and Health Coaching: Health Coaching EWM clients for May 2022: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 1 participant, 3rd Health Coaching call, and Every Woman Matters assessment with 0 participants. June 2022: Completed 1st Health Coaching call with 0 participants, 2nd Health Coaching call with 0 participants, 3rd Health Coaching call, and Every Woman Matters assessment with 1 participant.
- Community Health Worker (Bilingual Only) / Every Woman Matters (EWM) and Health Coaching: EWM Clients: 1 participant completed with 3 Health Coaching calls, 3 clients with 2 Health Coaching calls, 3 unable to reach.
- COVID-19 Testing: SHDHD's agreement with NE DHHS to offer free testing coordinated with the Nebraska Public Health lab and Regional Pathology Services will expire in Mid-July. Brodstone Hospital is providing these services through a sub-agreement with SHDHD. At Brodstone's request, SHDHD asked NE DHHS for a contract extension to continue to be able to provide public access to free testing in Nuckolls County.

## 8. Build and support a diverse and skilled public health workforce

- *Efforts to evaluate LHD staff members' public health competencies. How have we addressed these deficiencies?*
- *Describe the strategies we have used to develop, train, and retain a diverse staff.*
- *Provide examples of training experiences that were provided for staff.*
- *Describe the activities that we have completed to establish a workforce development plan.*
- The Workforce Development Plan: The organizational chart QI storyboard is completed. Supervisors continue meeting and providing guidance for supervisees, including workforce professional development goals.
- COVID Updates and Briefings: The ED and several other staff continue to participate on weekly statewide COVID briefings and pass along relevant information to other staff and stakeholders. Staff stay current on best practices through weekly Surveillance Staff calls and Public Health Emergency Preparedness staff calls with

DHHS. The ED continues to participate in weekly directors' calls w/ DHHS, a weekly director's call with the State Epidemiologist, and biweekly calls with the local health directors. Staff also receive situational training through calls with the CDC.

- Staff COVID Briefings and Surveillance Staff Briefings: Continue to conduct weekly to facilitate the sharing of current situational status, evidence-based practices, updates, policies/plans, messaging, and needs, etc.
- Staff Training: Two staff members attended the Nebraska School Mental Health Conference focusing on Resiliency, Advocacy, and Celebrations. All staff Line of Sight training - identify goals & performance measures. Three staff members attending a Health Equity/Inclusive Community training. One staff attended a CDC Healthy Schools Conference. Two staff members attended the CDC Opioid learning collaborative conference- virtually. Two staff met to discuss training with Inclusive Communities (Omaha) and United Way (South Central Nebraska). Four staff attended Nebraska's Annual Biopreparedness Symposium to learn strategies related to emergency preparedness and response issues. Attendees gained insight and learned preparedness and response strategies, as well as lessons learned, from local and national experts.
- Surveillance Staff Training: Dr. John Bohmfalk, HC professor emeritus and SHDHD volunteer C-19 disease investigator, continues to provide weekly disease presentations (etiology, incidence, & treatment) that require rapid PH response. May/June: Giardia, Anthrax, Malaria, Toxoplasmosis, Salmonella and Hansen's Disease.
- Health Literacy Training: Two staff members are currently enrolled in the Institute for Healthcare Advancement's (IHA) Health Literacy Specialist Certificate Program. The staff members have received their micro-credentials in Education; Language, Culture and Diversity; Public Health and Community Engagement.
- UNMC ECHO Training, Health Equity/Quality Improvement: One staff member has completed 16/38 sessions.

## 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement (*Are we doing any good? Are we doing things, right?*).

- *Examples of our evaluation activities related to evidence-based public health programs.*
- *Examples of QI projects that we have completed or are in process.*
- Accreditation Annual Report: Year 2 Annual Report submitted May 4. Waiting for PHAB response.
- Quality Improvement Projects: Policy review/revisions; Leave process; Travel Reimbursement process.
- Community Health Improvement (CHIP) Implementation: SHDHD communicates with CHIP teams monthly about data, dashboards and CHIP activities. SH is continuing to develop the CHIP public dashboard.
- Performance Management (PM): We are developing department-wide performance measures to include in a dashboard for Board of Health and the public (help demonstrate the value and effectiveness of our work by reporting regularly on key performance measures).
- PHAB Accreditation Standards and Measures: reviewing the new Version 2022 to use going forward. Assistance and collaboration with 'Accreditation Community of Practice' virtual meetings with Statewide participants.

## 10. Build and maintain a strong organizational infrastructure for public health

- This essential service includes seven components and we are highlighting one of them for this reporting period: Exhibiting effective and ethical leadership, decision-making, and governance.
  - SHDHD utilized the department's Ethics Procedures and activated the Ethics Committee to clarify the health department's legal authorities and ethical responsibilities in a situation which had the potential to result in poor outcomes for a pregnant mother and her unborn child. We followed our procedures, including submitting the issue for a legal review to determine whether the issue also required an ethical review, appointing a lead review team, and conducting deliberations with the Committee. Once the internal report is completed, a summary of the deliberations will be posted on the SHDHD website.

## Success Stories: How we make a difference...

Communication between a provider and their patient is critical for positive health outcomes. As a result of participating in a Health Resources and Services Administration (HRSA) grant, Kathy Murphy, APRN, from Main Street Clinic in Red Cloud, introduced changes to her mental health/depression screening practice. Murphy is now utilizing the PHQ 9 screening tool for all adult

physicals and the PHQ -9 Modified for adolescent physicals, including school physicals. And, rather than offering the screening in a written form, all questions are asked verbally.

The changes increased and improved conversations with adolescents about depression/suicide, harming self, and alcohol/substance abuse. And, in looking at other screening tools, Murphy will be adding additional open-ended questions that address a variety of areas including home, school, activities, safety, eating, and suicide/depression, which she feels may lead to discussion of issues such as bullying, abuse and eating disorders.

The changes also prompted conversations on alcohol/substance use, depression/suicide, counseling and mental health treatment options with adult patients.






Note: This increase in mental health screening/assessment aligns with objectives in the SHDHD Community Health Improvement Plan (CHIP), Priority Goal 2 - Mental Health.








- Jean Korth, Program Assistant for the HRSA pilot project




## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, May-June 2022

 <p><b>Dorrann Hultman</b> Community Health Services Coordinator</p>	<p><u>Immunization:</u> It takes a team approach to have successful clinics and our immunization team does an amazing job working with these clients. In May/June we provided 78 vaccines at 31 patient visits.</p> <p><u>COVID-19 vaccination response:</u> During May/June we provided COVID-19 vaccinations and boosters at 9 public walk-in clinics at Allen's, 2 VFC clinics and at 2 health fairs (Roseland and Hastings-Spanish). 138 shots were given in May and 139 in June. 33 vaccine transfers were made to district COVID-19 vaccine providers.</p> <p>Our vaccine doses in storage averages between 1000-2000 doses (~180 VFC). Vaccines are stored in the ultra-cold freezer, regular freezer and refrigerator storage units. Fortunately, we have not experienced power outage issues during recent weather events. Expecting our generator in July!</p>
 <p><b>Liz Chamberlain</b> Project Specialist / Community Health Worker</p>	<p><u>COVID-19 Response:</u> Continue to distribute PPE to agencies as orders come in through SHDHD Jot Form, complete PPE inventory, and update PPE spreadsheets. Report to state weekly on E-Med Test Kit distribution. Continue to help with weekly Covid Vaccine clinics at Allen's, delivering Covid Vaccines to providers in the district, and also help with monthly VFC clinics with data entry.</p> <p><u>Falls Prevention Classes:</u> Next Stepping On class July 13, 2022, @ 1:00 pm @ YMCA. Tai Chi class will start back up in Aug/Sept 2022.</p> <p><u>HALT (Diabetes Prevention):</u> 11 participants started year-long class March 1, 2022 w/ 3.4% weight loss after 16 weeks.</p>
 <p><b>Brooke Wolfe</b> Public Health Promotions and Prevention Coordinator</p>	<p><u>Program Activity:</u> During this period, I was invited to attend the CDC School Health WSCC grant recipient conference with all Nebraska Department of Education (NDE) grant staff and other LHDs grant recipients. It was exciting to hear what others across the county were doing with the funding and have the opportunity to network with our local NDE staff. I am excited to work with school wellness teams to implement a few staff engagement strategies I took away from the conference.</p> <p><u>Grant Management:</u> During this reporting period, we submitted 5 quarter reports on or before the deadline; facilitated 9 internal grant-focused team meetings to better meet grant deliverables and submitted 5 new/renewal grant application requests.</p>
 <p><b>Jessica Warner</b> Health Surveillance Coordinator</p>	<p><u>Disease Surveillance:</u> COVID cases trended up at the end of May, but are now stable with 290 cases reported as of 6/24/2022. We continue to work on data cleanup and distribution of rapid eMed test kits. Monkeypox is spreading across the world with 3,504 cases reported as of 6/24/22. 25 US states have reported 173 cases (1 case in NE). We have sent out information to healthcare partners and worked with labs to prepare for a request for monkeypox testing. We have also provided educational information regarding prevention to the public and at-risk populations. We also collaborated with Community Clinic to coordinate treatment for a family needing treatment for syphilis. I have also been working with the ethics committee in June on a case that involves public health interventions.</p>
 <p><b>Janis Johnson</b> Interim Assistant Director Standards and Performance Manager / Public Health Nurse/</p>	<p><u>Vaccinations:</u> Back up coordinator. COVID vaccination clinic support. Maintain current vaccine documents, guidance and messaging.</p> <p><u>COVID-19 Response:</u> Staff onboarding/training/supervision/logistics. Epi team support. Assist with phone triage/messaging kept current.</p> <p><u>Standards and Performance Management/Accreditation:</u> studying new Standards &amp; Measures, 2022 for implementation requirements.</p> <p><u>Assistant Director:</u> orientation, staffing, staff training, quality improvement &amp; performance management, logistics, assist ED.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, May-June 2022

<p><b>Jean Korth</b></p>  <p>Chronic Disease Prevention Program Assistant</p>	<p><u>COVID 19:</u> I continue to support the Epidemiology Team</p> <p><u>Health Literacy:</u> I am currently enrolled in a Health Literacy Specialist Certificate Program through the Institute for Healthcare Advancement (IHA), and have successfully completed four of the seven units.</p> <p><u>Grants:</u> I completed work with three clinics on grants for cancer screening or mental health /substance abuse screening and will be working on a new Mental Health Screening grant.</p> <p><u>Electronic Communication:</u> I am working on the design for an electronic message board that will be transmitted to TV monitors in our four counties.</p>
<p><b>Heidi Davis</b></p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations for COVID-19 cases and have assisted on Lab Requisitions related to sequencing positive C-19 cases. I attend Community Call Meetings weekly, presented by UNMC, which addresses the pandemic in our state. I continue to distribute EMed Covid Home test kits to community members and organizations. In addition I provide support on data analysis reports of COVID-19 for weekly reporting.</p> <p><u>Health Literacy:</u> I am currently enrolled in a Health Literacy Specialist Certificate Program through the Institute for Healthcare Advancement. I have successfully completed four of the seven units for the course. In addition I attend monthly meetings organized by NALHD for the course participants.</p> <p><u>Disease Surveillance:</u> I continue to work on learning about and investigating all reportable diseases, and reviewing all labs that we receive in NEDSS.</p>
<p><b>Lauren Shackelford</b></p>  <p>Disease Investigator</p>	<p><u>COVID-19 Response:</u> I continue to work on case investigations for COVID-19 cases. I have also continued to work with long-term care facilities in COVID-19 outbreak and encouraging them to administer second booster doses to eligible residents and staff. At this time over half of the long term care facilities in our district have administered second boosters. I have continued to help with eMed At-Home test kit distribution.</p> <p><u>Communications:</u> I have continued to share resources on our social media pages and transitioned to Ashley leading the communications efforts.</p> <p><u>Building Healthy Families:</u> Continue to work with cohort 2 on their refresher sessions. I have worked with our partner, YMCA, to develop new recruitment strategies and materials and had a booth at Summerfest. We continue to recruit for cohort 3 which will start in the fall.</p> <p><u>Kids Fitness and Nutrition Day (KFND):</u> I sent out 'Save the Dates' for KFND on October 3<sup>rd</sup>, 2022 and am starting preparations for the event!</p>
<p><b>Julia Sarmiento</b></p>  <p>Bi-Lingual Community Health Worker / Interpreter</p>	<p><u>Bilingual Community Health Worker (CHW):</u> I interpret and translate and provide support for both VFC and COVID-19 clinics as needed.</p> <p><u>Communications:</u> I develop and share resources to promote Covid-19/Flu/Immunizations and wellbeing on social media, translating to Spanish for the Spanish Facebook. I am also supporting a community partner we've contracted with to create videos in Spanish to provide COVID information and promote COVID vaccination to the Hispanic/Latino community. These videos are being posted on SHDHD's new YouTube channel.</p>
<p><b>Sam Coutts</b></p>  <p>Clerical Assistant for Finance and Operations &amp; Vaccine Clinic Support</p>	<p><u>Clerical Assistant for Finance and Operations:</u> I continue to assist the Finance and Operations Manager by providing clerical support and expertise in areas such as grants and contracts, scanning, filing, and reviewing documentation, human resources regulation, and assisting with projects related to organizational policies, performance management/quality improvement, and budgeting, as requested. I assist other staff as needed with these areas as well.</p> <p><u>COVID-19 Clinic Support:</u> I also provide general administrative and clerical support and assist with data entry as needed.</p>

## South Heartland Bi-Monthly Board Report: Staff-Specific Program Updates, May-June 2022

<p><b>Pam Stromer</b></p>  <p><b>Administrative &amp; Technology Assistant</b></p>	<p><b>Administrative Assistant:</b> I continue to provide office support by answering the phone, mail service, receiving guests and providing various office duties.</p> <p><b>Technology Assistant:</b> I help to maintain and update the South Heartland District web pages, develop on-line surveys as requested, providing support to the various software programs SHDHD uses, provide support with the Microsoft Office programs, as needed, overhauling the Master Database so resources are accurate and up-to-date, help input Colon Cancer Screening Kits and continue to compile data for both the SHDHD COVID-19 and hospital dashboards.</p>
---	---

### Support Staff for COVID-19 response and other projects:

#### Part-time Hire:

Aida Evans	Interpretation, Minority Outreach
Emma Severson	Project Support Intern (Hastings College - HC)
Lindsay Pritchard	Nurse Vaccinator – COVID Clinics
Beatriz Marino Jachim	Nurse Vaccinator - COVID Clinics
Shelly Fletcher	Nurse Vaccinator – COVID Clinics
Kathryn Kamarad	Clinic Admin Support - COVID Clinics
Evan Kingston	Seasonal Intern (HC) – West Nile Virus, Drug Overdose Prevention
Luisa Najera	Summer Intern (HC) - Webpage translations to Spanish

#### Contract (Mary Lanning):

Leslie Anderson, RN	VFC & COVID Clinic Support
---------------------	----------------------------

#### NE DHHS Part-time Position (placement at SHDHD):

Ashley Swanson	Communications Specialist
----------------	---------------------------

#### Volunteer:

Sue Rutt	Phones, Maintains/assists with HD Highlights, COVID history, Accreditation history notebooks
John Bohmfalk	Disease Investigation

#### Vaccine Clinic Staffing Support:

Mary Lanning	COVID clinic staff if needed (Pharmacy, Nurses)
--------------	---

#### Student Practicums and Volunteer Experience (Spring 2022)

Luisa Najera	Volunteer (HC Student), assisting with webpage translations to Spanish
--------------	--

3:28 PM

07/01/22

Cash Basis

**South Heartland District Health Dept**  
**Balance Sheet Prev Year Comparison**  
**As of June 30, 2022**

	<u>Jun 30, 22</u>	<u>Jun 30, 21</u>	<u>% Change</u>
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Checking/Savings</b>			
Checking- Heritage xx7102	301,239.00	68,810.95	337.8%
Money Market - Heritage xx9347	79,903.72	4,681.64	1,606.8%
<b>Total Checking/Savings</b>	381,142.72	73,492.59	418.6%
<b>Other Current Assets</b>			
Cash in Drawer	53.00	68.00	-22.1%
<b>Total Other Current Assets</b>	53.00	68.00	-22.1%
<b>Total Current Assets</b>	381,195.72	73,560.59	418.2%
<b>Fixed Assets</b>	0.00	0.00	0.0%
<b>TOTAL ASSETS</b>	<b>381,195.72</b>	<b>73,560.59</b>	<b>418.2%</b>
<b>LIABILITIES &amp; EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
2000 - Accounts Payable	938.74	0.00	100.0%
<b>Total Accounts Payable</b>	938.74	0.00	100.0%
<b>Credit Cards</b>	4,076.71	1,204.75	238.4%
<b>Other Current Liabilities</b>			
Payroll Liabilities	976.37	-2,104.13	146.4%
<b>Total Other Current Liabilities</b>	976.37	-2,104.13	146.4%
<b>Total Current Liabilities</b>	5,991.82	-899.38	766.2%
<b>Total Liabilities</b>	5,991.82	-899.38	766.2%
<b>Equity</b>			
Fund Balance	71,292.24	48,359.24	47.4%
Fund Balance old	0.00	28,957.22	-100.0%
Restricted Net Assets	0.00	3,167.73	-100.0%
Net Income	303,911.66	-6,024.22	5,144.8%
<b>Total Equity</b>	375,203.90	74,459.97	403.9%
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>381,195.72</b>	<b>73,560.59</b>	<b>418.2%</b>

South Heartland District Health Dept  
BOH087  
**Profit & Loss Prev Year Comparison**  
July 2021 through June 2022

	Budget	Actual	Prior Year	% Change	IDC	% IDC
<b>Ordinary Income/Expense</b>						
<b>Income</b>						
<b>4100 - Federal Funding</b>						
4110 - Grants - Federal	1,455,218.98	696,409.92	739,166.07	-5.78%		
4120 - Federal IDC	53,646.94	46,154.13	12,314.59	274.79%	46,154.81	
4130 - FEMA	345,184.00	363,224.00	0.00	100.0%		
4100 - Federal Funding - Other	0.00	1,659.00	0.00	100.0%		
<b>Total 4100 - Federal Funding</b>	<b>1,854,049.92</b>	<b>1,107,447.05</b>	<b>751,480.66</b>	<b>47.37%</b>	<b>46,154.81</b>	<b>4.17%</b>
<b>4200 - State &amp; Local Funds</b>	<b>44,239.00</b>	<b>62,523.56</b>	<b>44,728.56</b>	<b>39.78%</b>	<b>2,647.58</b>	<b>4.23%</b>
<b>4250 - State Revenue</b>						
LB 1008 - COVID		0.00	105,263.16	-100.0%		
4251 - Infrastructure	111,120.00	111,111.12	11,111.52	899.96%	111,111.12	
4252 - Per Capita	82,692.00	83,330.58	183,330.18	-54.55%	83,330.58	
4253 - COVID Indirect	2,032.00	20,828.79	49,584.15	-57.99%	20,828.79	
4254 - General Funds	272,124.00	272,124.78	188,876.44	44.08%	272,124.78	
4250 - State Revenue - Other	0.00	0.00	-85.00	100.0%		
<b>Total 4250 - State Revenue</b>	<b>467,968.00</b>	<b>487,395.27</b>	<b>538,080.45</b>	<b>-9.42%</b>	<b>487,395.27</b>	<b>100.00%</b>
<b>4300 - Services</b>	<b>550.00</b>	<b>505.00</b>	<b>546.00</b>	<b>-7.51%</b>		
<b>4400 - Miscellaneous</b>		<b>0.00</b>	<b>775.00</b>	<b>-100.0%</b>		
<b>4450 - Donations</b>	<b>1,500.00</b>	<b>11,075.14</b>	<b>11,246.63</b>	<b>-1.53%</b>	<b>2,677.17</b>	<b>24.17%</b>
<b>4550 - Bank Interest Income</b>	<b>60.00</b>	<b>133.63</b>	<b>60.95</b>	<b>119.25%</b>	<b>133.63</b>	<b>100.00%</b>
<b>Total Income</b>	<b>2,368,366.92</b>	<b>1,669,079.65</b>	<b>1,346,918.25</b>	<b>23.92%</b>	<b>539,008.46</b>	
<b>Gross Profit</b>	<b>2,368,366.92</b>	<b>1,669,079.65</b>	<b>1,346,918.25</b>	<b>23.92%</b>	<b>539,008.46</b>	
<b>Expense</b>						
<b>4000 - Reconciliation Discrepancies</b>		<b>0.00</b>	<b>0.03</b>	<b>-100.0%</b>		
<b>6000 - Personnel</b>						
6013 - Payroll Salary/Wages	1,084,313.45	649,766.24	791,894.19	-17.95%	193,871.52	29.84%
6020 - Payroll Benefits	88,418.91	119,311.25	97,406.19	22.49%	39,236.62	32.89%
6022 - Payroll Taxes	1,186.70	48,990.00	61,296.79	-20.08%	14,334.85	29.26%
6000 - Personnel - Other	80,549.99	-28,787.74	1,836.00	-1,667.96%	1,989.28	-6.91%
<b>Total 6000 - Personnel</b>	<b>1,254,469.05</b>	<b>789,279.75</b>	<b>952,433.17</b>	<b>-17.13%</b>	<b>249,432.27</b>	<b>31.60%</b>
<b>6100 - Operations</b>			<b>-2,836.00</b>	<b>100.0%</b>		
6101 - Postage & Shipping	1,145.75	3,141.43	1,331.94	135.85%	645.12	20.54%
6102 - Printing and Copying	13,131.52	14,588.97	13,769.35	5.95%	1,029.51	7.06%
6103 - Staff Development	7,216.67	8,972.27	3,299.69	171.91%	5,192.71	57.88%
6110 - Insurance Expense	16,800.00	19,548.00	15,475.00	26.32%	19,548.00	100.00%
<b>6120 - Professional Svcs</b>						
6121 - Data Analysis/Surveys	30,466.67	19,200.47	9,600.00	100.01%		
6122 - Accounting	19,000.00	19,662.25	15,138.00	29.89%	19,662.25	100.00%
6123 - Public Health	174,112.00	189,355.00	5,000.00	3,687.1%		
6124 - Legal	2,500.00	3,440.00	3,520.00	-2.27%	3,440.00	100.00%
6125 - IT	7,500.00	7,818.63	10,041.19	-22.13%	7,499.13	95.91%
6126 - Background Checks	500.00	768.42	1,091.65	-29.61%	250.17	32.56%
6129 - Translation	300.00	172.80	662.40	-73.91%	114.00	65.97%

BOH039  
**South Heartland District Health Dept**  
**Profit & Loss Prev Year Comparison**  
**July 2021 through June 2022**

	Budget	Actual	Prior Year	% Change	IDC	% IDC
6120 • Professional Svcs - Other	13,000.00	435.00	8,705.00	-95.0%	345.00	79.31%
<b>Total 6120 • Professional Services</b>	<b>247,378.67</b>	<b>240,852.57</b>	<b>53,758.24</b>	<b>348.03%</b>	<b>31,310.55</b>	<b>13.00%</b>
6130 • Contracted Services	42,818.83	8,634.50	40,707.03	-78.79%		
6140 • Office Supplies & Equip	50,652.47	48,910.25	43,294.92	12.97%	21,837.58	44.65%
6150 • Communications	16,356.00	15,998.99	19,246.28	-16.87%	13,077.20	81.74%
6160 • Facilities	94,764.39	29,832.16	17,927.89	66.4%	13,823.49	46.34%
6180 • Board Expenses	2,650.20	2,447.82	1,680.08	45.7%	2,447.82	100.00%
6192 • Memberships	8,000.00	5,793.01	7,999.00	-27.58%	5,793.01	100.00%
6200 • Program Expenses			-20.97	100.0%		
6201 • Event Expenses	8,000.00	2,186.00	6,352.71	-65.59%		
6202 • Event Facility Rental	10,000.00	37,750.00	69,159.00	-45.42%	200.00	0.53%
6206 • Conference Fees	1,955.00	3,073.52	168.00	1,729.48%	1,342.76	43.69%
6209 • Program Supplies	542,425.53	31,410.30	57,507.28	-45.38%	568.68	1.81%
6220 • Marketing	26,515.82	74,489.00	41,647.87	78.85%	0.00	0.00%
6223 • Promotion & Outreach	3,800.00	17,121.18	3,725.78	359.53%		
6240 • Travel	18,952.02	8,860.33	5,129.62	72.73%	1,285.30	14.51%
9000 • Interest Expense	120.00	45.56	14.13	222.44%	45.56	100.00%
9100 • Sales Tax Expense	65.00	26.29	62.59	-58.0%	26.29	100.00%
9200 • Administrative Fees	1,150.00	2,206.09	1,109.84	98.78%	1,270.78	57.60%
<b>Total Expense</b>	<b>2,368,366.92</b>	<b>1,365,167.99</b>	<b>1,352,942.47</b>	<b>0.9%</b>	<b>368,876.63</b>	<b>27.02%</b>
<b>Net Ordinary Income</b>	<b>0.00</b>	<b>303,911.66</b>	<b>-6,024.22</b>	<b>5,144.83%</b>	<b>170,131.83</b>	
<b>Net Income</b>	<b>0.00</b>	<b>303,911.66</b>	<b>-6,024.22</b>	<b>5,144.83%</b>	<b>170,131.83</b>	



3:29 PM

07/01/22

**South Heartland District Health Dept**  
**Outstanding Invoices**  
**As of July 1, 2022**

Date	Num	Name	Due Date	Open Balance
<b>Current</b>				
05/31/2022	149	DHHS:Drug OD Prev 60145 3Q 3/1/22 - 5/31/22	07/09/2022	6,618.49
05/31/2022	150	DHHS:Health Equity 62276 #4 3/1/22 to 5/31/22	07/17/2022	29,986.35
05/31/2022	151	DHHS:Radon 64422 #2 2/1/22 to 5/31/22	07/24/2022	1,537.42
06/14/2022	153	DHHS:Covid Capcty 56771 Jun 5/15/22 to 6/14/22	07/24/2022	9,910.54
Total Current				48,052.80
<b>1 - 30</b>				
Total 1 - 30				
<b>31 - 60</b>				
04/30/2022	129	DoE:WSCC 42116 3Q 2/1/22 - 4/30/22	05/06/2022	6,500.00
12/31/2021	138	DHHS:Lead xxxxx 1Q 10/1/21 to 12/31/21	05/21/2022	525.04
03/31/2022	139	DHHS:Lead xxxxx 2Q 1/1/22 to 3/31/22	05/21/2022	1,309.69
Total 31 - 60				8,334.73
<b>61 - 90</b>				
Total 61 - 90				
<b>&gt; 90</b>				
Total > 90				
<b>TOTAL</b>				<b>56,387.53</b>

**South Heartland District Health Dept**  
**Payroll Summary**  
**May through June 2022**

---

	<u>May - Jun 22</u>
<b>Employee Wages, Taxes and Adjustments</b>	
<b>Gross Pay</b>	
Salary	4,203.20
Hourly Funeral	197.76
Hourly Holiday	4,573.51
Hourly Sick	1,474.28
Hourly Vacation	7,657.72
Hourly Wage	79,712.94
Hourly Weather/Civil	10.23
Overtime (x1.5)	403.32
Cash Out Option	7,559.36
<b>Total Gross Pay</b>	105,792.32
<b>Deductions from Gross Pay</b>	
Aflac (pre-tax)	-126.72
Health Insurance (pre-tax)	-1,074.32
HSA (pre-tax)	-4,392.32
NPERS Retirement Employee	-4,043.58
Vision Insurance (pre-tax)	-33.88
<b>Total Deductions from Gross Pay</b>	-9,670.82
<b>Adjusted Gross Pay</b>	96,121.50
<b>Taxes Withheld</b>	
Federal Withholding	-7,066.00
Medicare Employee	-1,452.39
Social Security Employee	-6,210.24
NE State Withholding	-3,728.15
Medicare Employee Addl Tax	0.00
<b>Total Taxes Withheld</b>	-18,456.78
<b>Net Pay</b>	<b><u>77,664.72</u></b>
<b>Employer Taxes and Contributions</b>	
Medicare Company	1,452.39
Social Security Company	6,210.24
NE State Unemployment	40.29
Dental Insurance Company	400.04
Health Insurance Company	3,165.92
NPERS Retirement Company	6,065.37
Vision Insurance Company	84.60
<b>Total Employer Taxes and Contributions</b>	<b><u>17,418.85</u></b>

## South Heartland District Health Dept

07/01/22

## Accounts Payable Report

Accrual Basis

May through June 2022

Date	Name	Memo	Account	Amount
<b>May - Jun 22</b>				
05/06/2022	Chamberlain, Liz	Apr mileage	2000 · Accounts Payable	-404.26
05/06/2022	Clay County News	annual subscription (in area)	2000 · Accounts Payable	-34.00
05/06/2022	Cornhusker Press	printing vaccine packets Apr 20, 2022	2000 · Accounts Payable	-139.62
05/06/2022	Culligan of Hastings	bottled water - Apr #1000552	2000 · Accounts Payable	-26.05
05/06/2022	Eakes Office Solutions	Mar/Apr 2022 copies	2000 · Accounts Payable	-147.67
05/06/2022	Hometown Leasing	#22794817 - Apr	2000 · Accounts Payable	-185.00
05/06/2022	Hultman, Dorrann	Apr 2022 - mileage	2000 · Accounts Payable	-10.53
05/06/2022	Kleppinger, Mike	mileage board mtg - May	2000 · Accounts Payable	-29.25
05/06/2022	Korth, Jean	Apr/May mileage	2000 · Accounts Payable	-58.15
05/06/2022	Mary Lanning Healthcare	LAnderson Apr 2022	2000 · Accounts Payable	-168.75
05/06/2022	Neumann, Charles	mileage board mtg - May	2000 · Accounts Payable	-26.91
05/06/2022	R & K Mowing	April mowing	2000 · Accounts Payable	-65.00
05/06/2022	Stericycle	sharps disposal	2000 · Accounts Payable	-840.00
05/06/2022	Superior Publishing Company	BOH notice	2000 · Accounts Payable	-6.52
05/06/2022	TimeClock Plus (TCP)	time entry for 20 employees	2000 · Accounts Payable	-2,070.00
05/06/2022	Vance, TJ	mileage board mtg - May 2022	2000 · Accounts Payable	-66.11
05/06/2022	Woodwards Disposal	Apr trash	2000 · Accounts Payable	-217.00
05/06/2022	Mary Lanning Healthcare	MLH staffing support at SHDHD clinics	2000 · Accounts Payable	-1,752.00
05/06/2022	Firespring	May web hosting	2000 · Accounts Payable	-165.00
05/06/2022	Flatwater Technologies	monthly services - May	2000 · Accounts Payable	-486.99
05/06/2022	Morales, Michael	2 videos	2000 · Accounts Payable	-2,950.00
05/20/2022	Allo Communications	929329 phone - Apr	2000 · Accounts Payable	-631.83
05/20/2022	B&R Stores	Allen's lease - June	2000 · Accounts Payable	-2,500.00
05/20/2022	Bureau of Sociological Research	SHARP survey	2000 · Accounts Payable	-1,291.64
05/20/2022	Business World Products	20 cases copy paper	2000 · Accounts Payable	-1,020.00
05/20/2022	Cornhusker Press	printing of vaccination packets	2000 · Accounts Payable	-632.46
05/20/2022	Eakes Office Solutions	supplies and copies	2000 · Accounts Payable	-285.75
05/20/2022	Flood Communications Tri-Cities	various ads	2000 · Accounts Payable	-3,270.00
05/20/2022	Hastings Tribune	ad - various	2000 · Accounts Payable	-248.70
05/20/2022	Hastings Utilities	Apr utilities #01010200-01	2000 · Accounts Payable	-437.27
05/20/2022	Krieger Electric	electrical for clinic remodel	2000 · Accounts Payable	-2,231.18
05/20/2022	Mary Lanning Healthcare	subletting of digital billboard space - May	2000 · Accounts Payable	-200.00
05/20/2022	Russ's Market	Acct 10670 sack lunches	2000 · Accounts Payable	-904.68
05/20/2022	Sensaphone	temp sensor	2000 · Accounts Payable	-3,235.36
05/20/2022	Severson, Emma	mileage	2000 · Accounts Payable	-74.30
05/20/2022	United Way of South Central NE	facilitation of listening sessions	2000 · Accounts Payable	-4,500.00
05/20/2022	Verizon	Apr cell service	2000 · Accounts Payable	-365.38
05/20/2022	Mary Lanning Healthcare	cleaning - Apr	2000 · Accounts Payable	-120.00
05/20/2022	Krieger Electric	wall receptables for Clinic remodel	2000 · Accounts Payable	-561.35
05/20/2022	Flatwater Technologies	managed svcs - various small	2000 · Accounts Payable	-127.50
06/03/2022	Air Check	50 test kits, #34274	2000 · Accounts Payable	-337.50
06/03/2022	Allo Communications	929329 phone - May	2000 · Accounts Payable	-658.20
06/03/2022	Anderson, Leslie M	May mileage - health fair	2000 · Accounts Payable	-50.02
06/03/2022	Blue Hill Leader	May Board meeting notice	2000 · Accounts Payable	-6.22
06/03/2022	CASA of South Central Nebraska	Capacity building for Drug Overdose Prevention	2000 · Accounts Payable	-3,600.00
06/03/2022	Chamberlain, Liz	May mileage	2000 · Accounts Payable	-404.53
06/03/2022	Clay County News	Board Meeting notice - May	2000 · Accounts Payable	-8.47
06/03/2022	Cornhusker Press	printing of vaccination packets	2000 · Accounts Payable	-312.82
06/03/2022	Culligan of Hastings	bottled water - May #1000552	2000 · Accounts Payable	-22.40
06/03/2022	Eakes Office Solutions	office supplies - various	2000 · Accounts Payable	-92.30
06/03/2022	Essential Screens	2 background checks	2000 · Accounts Payable	-166.78
06/03/2022	First National Bank of Omaha	Apr balance ending 5/16/22	2000 · Accounts Payable	-6,890.34
06/03/2022	Hometown Leasing	#22794817 - May	2000 · Accounts Payable	-185.00
06/03/2022	Hultman, Dorrann	May 2022 - mileage	2000 · Accounts Payable	-11.76
06/03/2022	Mary Lanning Healthcare	LAnderson May 2022	2000 · Accounts Payable	-68.75
06/03/2022	Morales, Michael	2 videos	2000 · Accounts Payable	-2,950.00
06/03/2022	REACH Media Network	Inv # 80081	2000 · Accounts Payable	-5,820.00
06/03/2022	TimeClock Plus (TCP)	prorated time entry for 2 addl employees	2000 · Accounts Payable	-102.38
06/03/2022	United States Treasury	Form 720 for quarter ending 6/30/22, EIN 68-05...	2000 · Accounts Payable	-20.93
06/03/2022	Woodwards Disposal	May trash	2000 · Accounts Payable	-217.00
06/03/2022	Firespring	June web hosting	2000 · Accounts Payable	-165.00
06/03/2022	Flatwater Technologies	IT services	2000 · Accounts Payable	-538.53
06/03/2022	Mary Lanning Healthcare	LAnderson May 2022	2000 · Accounts Payable	-243.75
06/20/2022	Blue Hill Clinic	capacity enhancement cancer screening - cance...	2000 · Accounts Payable	-2,000.00
06/20/2022	CEI Security and Sound	First 1/2 due with agreement - EST#2690	2000 · Accounts Payable	-2,086.00
06/20/2022	Cornhusker Press	printing vaccine packets June 8, 2022	2000 · Accounts Payable	-189.74
06/20/2022	Essential Screens	1 background check	2000 · Accounts Payable	-83.39
06/20/2022	Flood Communications Tri-Cities	various ads	2000 · Accounts Payable	-3,539.00
06/20/2022	Hastings Tribune	ad - various	2000 · Accounts Payable	-180.00
06/20/2022	Hastings Utilities	May utilities #01010200-01	2000 · Accounts Payable	-394.86
06/20/2022	Korth, Jean	mileage - Mental Health Conference	2000 · Accounts Payable	-529.99
06/20/2022	Main Street Clinic	enhanced capacity for mental health and substa...	2000 · Accounts Payable	-5,000.00
06/20/2022	Mary Lanning Healthcare	subletting of digital billboard space - June	2000 · Accounts Payable	-200.00
06/20/2022	Morales, Michael	4 videos	2000 · Accounts Payable	-5,900.00
06/20/2022	NALHD	Qualtrics Annual Renewal - 2022	2000 · Accounts Payable	-7,000.00
06/20/2022	R & K Mowing	May mowing	2000 · Accounts Payable	-325.00
06/20/2022	SHAPE Nebraska	CPR training for priority school	2000 · Accounts Payable	-400.00

## South Heartland District Health Dept

## Accounts Payable Report

May through June 2022

3:37 PM

07/01/22

Accrual Basis

Date	Name	Memo	Account	Amount
06/20/2022	Sutton Quality Health Center	substance misuse prevention and cancer screen...	2000 · Accounts Payable	-7,000.00
06/20/2022	Trent Meyer Construction	2nd 1/3 due halfway through	2000 · Accounts Payable	-3,749.33
06/20/2022	Verizon	May cell service	2000 · Accounts Payable	-362.51
06/20/2022	Mary Lanning Healthcare	cleaning - May	2000 · Accounts Payable	-240.00
06/20/2022	Flatwater Technologies	managed svcs - various small	2000 · Accounts Payable	-206.55
<b>May - Jun 22</b>				<b>-94,745.26</b>

BOH043  
**South Heartland District Health Dept**  
**Funding Sources**  
July 2021 through June 2022

	<b>TOTAL</b>
ARPA	1,659.00
Indirect Costs	539,007.78
Programs	
Transforming Diabetes	12,500.00
Accreditation	10,122.47
Building Healthy Families	1,000.00
Cancer	13,698.01
Childrens Hospital	1,581.53
COVID Capacity	96,061.05
Non-COVID Capacity	30,653.02
COVID19	61,568.37
CS-CASH	3,916.20
Diabetes Prevention	430.00
Drug (Opioid) OD Prevention	13,523.12
Emergency Preparedness	107,807.28
EWM	3,778.17
Fall Prevention	10,144.36
Fall Prevention - Deliverable	3,207.44
Fall Prevention - Sustainable	3,184.30
Health Equity	21,045.76
HRSA	4,746.30
Immunization	32,410.56
Immunization-Covid	574,197.53
KFND	1,500.00
Lead Surveillance	1,101.31
Maternal Child Health	24,201.87
MHI	23,382.53
QPR	3,511.86
Radon	1,125.76
United Healthcare	14,000.00
West Nile Virus	1,964.84
WSCC	48,881.50
Total Programs	1,125,245.14
Unclassified	3,167.73
<b>TOTAL</b>	<b>1,669,079.65</b>

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

## INDIRECT COST RATE AGREEMENT

### ORGANIZATION:

South Heartland District Health Department (SHDHD)  
606 N Minnesota Ave, STE 2  
Hastings, NE 68901

DATE: 06/06/2022

The rates approved in this agreement are for use on grants, contracts and other agreements with the State of Nebraska Department of Health and Human Services (NE DHHS), subject to the conditions in Section II.

### SECTION I: INDIRECT COST RATE

#### EFFECTIVE PERIOD

<u>FROM</u>	<u>TO</u>	<u>RATE%</u>
07/01/2022	06/30/2024	27.70%

#### BASE

Modified Total Direct Cost per 2 CFR Section 200.68

### SECTION II: GENERAL CONDITIONS

#### A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the State of NE DHHS. In such situations the rate would be subject to renegotiation at the discretion of the State of NE DHHS.



B. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other grantors to give them early notification of the Agreement.

C. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

**BY INSTITUTION:**

South Heartland District Health Department  
(INSTITUTION)

Michele M. Bever  
(SIGNATURE)

Michele M. Bever  
(NAME)

Executive Director  
(TITLE)

06/28/2022  
(DATE)

**ON BEHALF OF THE STATE OF NEBRASKA:**

Nebraska Department of Health and Human Services  
(AGENCY)

Patrick Werner  
(SIGNATURE)

Patrick Werner  
(NAME)

Budget and Cost Allocation Manager  
(TITLE)

06/06/2022  
(DATE)



<b>SHDHD Board of Health</b> <b>Finance Committee</b> <b>Minutes</b>	
<b>Date:</b> 6/27/22 4:00pm	
<b>Finance Committee Members</b>	
<b>Present by Zoom:</b> Dick Shaw	
<b>Present in Person:</b> Chuck Neumann, Nanette Shackelford	
<b>Staff:</b> Michele Bever, Kelly Derby, Janis Johnson	
<b>Topic/Lead Person</b>	<b>Comments/Action</b>
Review Minutes of Previous Meeting	Minutes reviewed. No action.
Negotiated Indirect Cost Rate	Derby reported that the State approved the Department's proposal for indirect costs we are allowed to request from subawards and grants, which was calculated at 27.7% for the year-to-date amount at the time of the proposal. This negotiated rate would replace the De Minimis 10% that we had been claiming.
Reaccreditation Costs	Johnson proposed to set aside, over the next 3 years, a total \$28,000 (\$5600 for each year of the 5-year accreditation cycle) to cover the cost of reaccreditation, which will be due in 2025 for the following five years. Accreditation proffers credibility with funders, technical expertise and guidance from the Public Health Accreditation Board (PHAB), assistance that helps us assure that we are up to date and able to use best public health practices, that we are tracking the quality of our work and making adjustments as needed, as we strive to be a trusted, valued resource to our communities. The committee recommended the resolution be taken to the full board for approval.
Inflation Adjustments/Salary Range Guide	Bever recommended a 6% increase for all staff in keeping with federal COLA and local governmental entities in Adams County. The 6% would be applied to SHDHD's Salary Range Guide for all positions. She also recommended a wage adjustment for a handful of positions, based Nebraska Association of Local Health Departments salary and benefits survey of local health departments and comparability with LHDs of a similar size and budget, as well as ranges in the private sector. The committee requested that Kelly provide a statement to the Board regarding impact on budget. Recommendation from finance committee to full board for approval.
Update on ARPA Funds	Bever reported some initial guidance has been provided from NE DHHS regarding State ARPA funds for local health departments and that a budget and work plan will be required. Each of 18 local health departments that receive funds pursuant to Neb. Rev. Stat. 71-1628.08 will receive \$555,000. "Allowable uses include but are not limited to salaries/wages, fringe benefits, supplies, equipment, other capital expenditures, professional services, and facility occupancy. Funds could be used to support health department infrastructure and building fees or renovations, provide equity-focused services, or provide premium pay to the health department workforce."



	As for county and municipal ARPA funds, Bever reported SHDHD had received a payment from one municipality (Roseland) and a pledge from another municipality (Kenesaw) to use toward the proposed behavioral health and access to care initiatives. She has submitted an additional required application to Adams County for request of ARPA funds. She also reported on two pilot projects – one behavioral health screening tools introduced in a primary care clinic and one outreach health fair in Roseland. The committee suggested SHDHD send out a follow up request letter to counties and municipalities sharing the Roseland example.
Other	<p>Derby reported that implementation of a new time entry system (TCP) has been successful. Staff has quickly picked up on the logistics of entering their time and it has been a huge time saver for Derby on payday. There are still kinks to work out, but it gets better each payday.</p> <p>Derby reported that the Department received ~\$2700 this year on Give Hastings Day as part of a campaign to address mental health concerns among Hastings area youth. The money is slated for stress-relief kits targeted at middle school-aged youth, as well as Mental Health First Aid training for the community.</p>
Next Meeting	August - TBD
	Adjourned at 5:05pm

Submitted by Michele Bever  
July 1, 2022

Position	2022-2023 Wage Ranges - 6% Increase		
	2022-2023 Entry	2022-2023 Mid-Level	2022-2023 High-Level
Health Director	N/A	\$59,621 - \$83,458	\$70,827 - \$106,241
Senior Management	N/A	\$25.86 - \$31.61	\$27.49- \$43.00
Mid-Level Management	\$22.00 - \$25.00	\$25.44 - \$29.68	\$27.56 - \$37.10
Program Coordinator/Supervisor	N/A	\$19.06 - \$29.82	\$24.74 - \$32.44
ERC			
Licensed Professional - Community Health Nurse	N/A	\$25.44 - \$30.21	\$29.68 - \$33.92
Licensed Professional - Program Nurse	N/A	\$19.61 - \$27.57	\$25.97 - \$28.62
Administrative Support	\$11.91 - \$15.74	\$15.37 - \$21.93	\$19.08 - \$23.32
Community Health Worker	\$14.89 - \$19.07	\$17.88 - \$21.26	\$20.14 - \$24.38
Program Staff / Specialist, Non-licensed	\$14.89 - \$19.07	\$17.88 - \$21.26	\$20.14 - \$24.38
Disease Investigator			
Temp / Seasonal Program Assistant	\$10.68 - \$15.18	\$14.06 - \$20.24	N/A
Environmental Health Coordinator	\$23.32 - \$26.50	\$25.44 - \$29.68	\$27.56 - \$31.80

2022-2023 Wage Range Adjustments		
2022-2023 Entry	2022-2023 Mid-Level	2022-2023 High-Level
N/A	\$65,000 - \$85,000	\$80,000 - \$106,241
N/A	\$25.86 - \$32.00	\$30.00- \$40.57
\$22.00 - \$25.00	\$25.44 - \$29.68	\$27.56 - \$38.00
N/A	\$19.06 - \$29.82	\$24.74 - \$32.44
N/A	\$25.44 - \$30.00	\$29.68 - \$38.00
N/A	\$19.61 - \$27.57	\$25.97 - \$32.00
\$12.00 - \$17.00	\$15.37 - \$21.93	\$19.08 - \$23.32
\$14.89 - \$19.07	\$17.88 - \$21.25	\$20.14 - \$25.00
\$14.89 - \$19.07	\$17.88 - \$21.26	\$20.14 - \$25.00
\$10.68 - \$15.18	\$14.06 - \$20.24	N/A
\$23.32 - \$26.50	\$25.44 - \$29.68	\$27.56 - \$31.80

**Entry Level:** little or no work experience in field of assignment, minimal education levels; will need additional on-the-job training

**Mid-Level:** work experience and educational background appropriate for position; professional licensure/certification, or other required credentials)

**High Level:** highly qualified and successful work experience and high level of educational attainment in field of assignment; professional licensure / certification, or other required credentials

**Board of Health  
South Heartland District Health Department**

**RESOLUTION NO. 2022-4**

WHEREAS, the South Heartland District Health Department (SHDHD), serving Adams, Clay, Nuckolls, and Webster Counties, included a strategic plan goal to obtain and maintain accreditation status with the Public Health Accreditation Board (PHAB) in the SHDHD Strategic Plan 2020-2025, which was approved by the Board of Health on November 6, 2019; and

WHEREAS, SHDHD was accredited by PHAB in March 2020 and is completing annual reports to PHAB, as required to maintain accreditation (Step 6 of the accreditation cycle) and is already preparing for reaccreditation (Step 7). The 7-step accreditation cycle includes the following components: Step 1: Preparation, Step 2: Application, Step 3: Documentation Selection and Submission, Step 4: Review (Site Visit), Step 5: Accreditation Decision, Step 6: Additional Reporting and Annual Reports, Step 7: Reaccreditation.

WHEREAS, SHDHD will be due to apply for reaccreditation by March 31, 2025; and

WHEREAS, the PHAB has an Annual Accreditation Services Fee, which will be due beginning in 2025 and will cover our reaccreditation process through the five following years, 2025 – 2030. The fee for a department serving 100,000 or fewer residents has been set as (July 1, 2022) at \$5,600/year beginning for SHDHD in FY2025 and continuing annually thereafter, through 2029. The 5-year fee will total \$28,000; and

WHEREAS, SHDHD desires to plan ahead for reaccreditation;

NOW, THEREFORE, BE IT RESOLVED BY THE SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT, representing Adams, Clay, Nuckolls, and Webster Counties, that we, the Board of Health, do hereby recommend and approve including a budget line item in the annual budgets for Fiscal Years 2023, 2024, and 2025 for the purpose of setting aside funds for the reaccreditation fee that will be due before June 30, 2025. These may be allocated from general funds or from new funding sources where accreditation activities are allowable costs.

Passed and approved this 6th day of July, 2022.

Board of Health  
South Heartland District Health Department

---

Nanette Shackelford, President



---

<b>Program:</b>	Local Public Health Departments
<b>Division:</b>	Public Health
<b>Contact Name:</b>	Caryn Vincent
<b>Amount:</b>	\$10,000,000
<b>Anticipated Start Date:</b>	July 1, 2022

---

**Grant/project summary:**

Funds for the local public health departments that receive aid pursuant to section Neb. Rev. Stat. 71-1628.08, which shall be distributed evenly to the local public health departments for one-time infrastructure needs and any other costs, including testing, personal protective equipment, and other preventive measures, to combat the COVID-19 virus and any of its mutations.

**Grant/project goals:**

To provide additional funds and support to 18 local health departments for one-time infrastructure needs and any other costs, including testing, personal protective equipment, and other preventive measures to combat the COVID-19 virus.

**Program guidelines to apply and conform with State law and federal act or regulations?**

Yes.

**How is this eligible under ARPA?**

As referenced in SLFRP final rule, pages 55-56, the project fits under the enumerated uses of responding to the public health emergency caused by the COVID-19 pandemic, including COVID-19 mitigation and prevention. This project supports public health response.

**Capital expenditures over \$1,000,000 need written justification to Treasury. Will there be capital expenditures over \$1,000,000?**

No.

**In-depth grant/project planning & process:**

Each of the 18 local health departments that receive funds pursuant to Neb. Rev. Stat. 71-1628.08 will receive an equal share of the \$10,000,000 appropriated by LB 1014. Split equally, each of the 18 health departments will receive \$555,000. Local health departments will be required to submit a budget and work plan outlining their plans for use of the funds.

Allowable uses of funds include but are not limited to salaries and wages, fringe benefits, supplies, equipment, other capital expenditures, professional services, and facility occupancy. Funds could be used to support health department infrastructure and building fees or renovations, provide equity-focused services, or to provide premium pay to the health department workforce.

Health departments will be required to submit work plans and budgets (using the proposed standardized templates) prior to execution of subawards. The intent is to provide flexibility in the use of funds, but budgets and work plans must be approved prior to disbursement of funds to ensure all requested uses are allowable per federal guidelines.

Funds will be distributed quarterly, based on reimbursement of actual costs incurred. Health departments must submit quarterly invoices with supporting documentation. Documentation must also include quarterly progress reports on the use of funds, staff supported, or projects completed using ARPA funds.



SHDHD Board of Health	
Policy Committee Minutes	
<b>Date:</b> 6/27/22 3:00pm	
<b>Policy Committee Members present:</b> Barb Harrington, Chuck Neumann, Nanette Shackelford	
<b>Staff:</b> Michele Bever, Kelly Derby, Janis Johnson	
Topic/Lead Person	Comments/Action
Review Minutes of Previous Meeting	Minutes reviewed. No action.
Policy Reviews/Revisions/Proposals	<ul style="list-style-type: none"> <li>Reviewed revisions made by Derby to the Board Policy section (part A) of the Policy Review Protocols per Policy Committee suggestions last meeting. Approved for full Board review.</li> <li>Reviewed revisions made by Derby to HR202 (Salary Classification) per Policy Committee suggestions last meeting. Approved for full Board review.</li> <li>Reviewed revisions made by Derby to HR504 (Wellness) per Wellness Committee deliberation. The policy was only cleaned up and streamlined. Approved for full Board review.</li> <li>Reviewed revisions made by Derby to HR205 (Employee Wellness Performance Benefit) per Wellness Committee deliberation. The Benefit this year mirrors the Benefit incorporated last year. Approved for full Board review with change to dollar amount.</li> <li>Regarding a Cyber Security policy, Derby reported that she has revised HR304 (Computer Use), adding best practices to the Security section of the policy. She is waiting on clarification from Flatwater Tech regarding online purchasing and use of personal devices.</li> <li>Bever proposed for discussion the Committee decision (Feb 2022) not to recognize Juneteenth per Adams County, which later revised their calendar to include Juneteenth. Committee agrees that recognizing the holiday is a good idea, as well as keeping to 12 holidays in total. The Department will survey employees regarding which holiday they would like to drop instead.</li> <li>A discussion of changes to the Bylaws recommended by Derby (notifications are no longer mailed, and it's not clear how Board officers would be removed) was tabled again for later discussion. (Will be added to the agenda for next Policy Committee meeting.</li> </ul> <p><b>Action for full Board in July:</b> Recommended for review: Board Policy section (part A) of the Policy Review Protocols HR202 (Salary Classification) HR 205 (Employee Wellness Performance Benefit) HR504 (Wellness)</p> <p><b>Next steps:</b> Derby will complete revision to HR304.</p>



Plans and Personnel	<p>Bever proposed a series of retention strategies, including recognition policy based on Sarpy Cass Health Department. She also raised the possibility of tuition reimbursement as laid out in the document, which the Committee agreed was a good idea. Committee recommended bringing information to the full Board for input.</p> <p>Johnson reported that staff would be creating Line of Sight diagrams as training for performance management. The results of all Line of Sight diagrams will feed a department dashboard of key performance indicators.</p>
Next Meeting	August - TBD
	Adjourned at 4:01pm

Submitted by Michele Bever  
July 1, 2022



## South Heartland District Health Department Employee Handbook

Policy Number: HR 202	Policy Title: Salary Classification	Program Area: Compensation
Approved: 1.6.2021	Reviewed: 4.28.22	Next Review Date: 4.28.23

### **Purpose**

The purpose of this policy is to ensure that the South Heartland District Health Department (SHDHD) provides fair and competitive wages for all employees while following state and federal wage and labor law guidelines.

### **Policy**

#### Salary Determination

No employee shall be paid less than the prevailing federal minimum wage level. It shall be general practice of the South Heartland District Health Department (SHDHD) to establish salaries and benefits for positions based on comparability of local prevailing practice of positions with similar job responsibilities.

South Heartland District Health Department shall establish and maintain a salary schedule reflecting differentiation of salary levels of different groups with different levels of responsibility. The basic principle of the classification and pay plan is that employees performing work of the same degree of complexity and responsibility should be within the same salary level.

Base salary for any position will be beginning salary for persons hired who meet minimum requirements. For persons with higher education and/or experience that are applicable to the position and upon recommendation, the Executive Director has the discretion to start them at a higher wage.

Jobs are placed in various categories based on the job description established for the position. The job description consists of a general summary of job duties and the background and training requirements that an employee should possess to carry out the function of that particular position in a satisfactory manner.

#### Salary Increases

South Heartland District Health Department employees shall not have automatic salary increases as a result of the cost of living index.

1. Cost of living: The Executive Director may recommend to the Personnel Committee that a cost of living increase ~~up to 2%~~ based on consumer price index, [comparability studies](#) and/or budgetary constraints, be provided for all regular employees. IF approved cost of living raises would be applied at the beginning of the fiscal year (July 1).

2. Merit Raises: Salary increases ~~of up to 3%~~ based on merit may be granted at the discretion of the Executive Director to coincide with the anniversary date and performance evaluations.





Unsatisfactory yearly performance evaluations may result in salary increases being deferred or not allowed at all.



South Heartland District Health Department  
Employee Handbook

Policy Number: HR 205	Policy Title: Employee Wellness Benefit	Program Area: Compensation
Approved: 1.6.2021	Reviewed: 12.1.2020	Next Review Date:

### Purpose

It shall be the policy of the South Heartland District Health Department (SHDHD) to allow a Wellness-~~Performance~~ Benefit in accordance with the allowable cost principles outlined in the Office of Management and Budget rules and regulations and the State Constitution.

### Policy

All ~~eligible-regular~~ full-time and ~~eligible~~ part-time employees ~~may be awarded~~ are eligible for a ~~monthly bonus~~ Wellness Benefit, ~~of \$250 in an amount as determined/reviewed annually by the Wellness Committee annually~~, based on the employee's participation in wellness activities during the fiscal year. Participation in the Wellness Benefit program is voluntary. The Benefit is intended to support costs incurred to meet the employee's wellness goals:

- Health fair blood work
- Additional blood screenings at health fair: Vitamin D, A1c test, PSA test
- Weight control/Counseling program registrations/fees.
- Tobacco Cessation program registration/fees.
- Gym/fitness membership or classes.
- Personal Exercise items: giant balls, hand weights, stretch bands, etc.
- Purchase of Fitbit or other monitoring device
- Entry fees for runs or other events
- Registration fees for formalized physical fitness: softball, baseball, volleyball, etc. through local rec centers or municipalities.
- Preventative office visits, not covered by insurance: Dental, Vision, Chiropractic, etc.
- Vitamins or medications not covered by insurance: Vitamin D, Folic Acid, Calcium, Contraceptives

- ~~Complete an Annual Health Risk Assessment (HRA) provided by SHDHD and~~
  - ~~Complete and submit a Healthy Behaviors Pledge~~
  - ~~Select an Accountability Coach from the SHDHD Worksite Wellness (WoW) Committee~~
- ~~Complete a Sustained Healthy Behavior (sustain in 1 month increments to be eligible for the bonus each month)~~
  - ~~Use individual HRA results to identify a personal wellness goal from a menu of healthy behaviors provided by the SHDHD WoW Committee~~
  - ~~Meet with Accountability Coach at beginning of month to discuss goal~~
  - ~~Track and document performance on monthly wellness goal~~
  - ~~Meet with accountability Coach at end of month to share progress~~
  - ~~Submit a Declaration of Sustained Health Behavior, co-signed by the employee's Accountability Coach, to Executive Director each month to be eligible for monthly bonus.~~

**Formatted:** Font: 12 pt

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 0.49"

**Formatted:** Font: 12 pt

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 0.5"

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 0.49"

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 0.5"

**Formatted:** Font: 12 pt

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 0.49"

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: 0.5", Left + Not at 0.71"

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: 0.5", Left

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: 0.5", Left + Not at 0.47"

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 0.5"

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Font: 12 pt

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: 0.56", Left + Not at 0.33"

**Formatted:** Bulleted + Level: 1 + Aligned at: 0.25" + Indent at: 0.5", Tab stops: Not at 0.33"

**Formatted:** Font: Bold

~~Participation in the wellness program is voluntary, Benefit will be administered monthly, not to exceed an approved amount per eligible employee per year.~~

**Formatted:** Font: 12 pt, Bold

**Formatted:** Font: Bold

**Formatted:** Font: 12 pt, Bold

**Process:**

**Formatted:** Font: Times New Roman, 12 pt, Bold

~~a. Use individual HRA results to identify a personal wellness goal. Following are some considerations:~~

- ~~1. Set Activity (Not Exercise) Goals~~
- ~~2. Make Room for Mindfulness~~
- ~~3. Get More Sleep~~
- ~~4. Give of Yourself (Volunteer)~~
- ~~5. Enrich Your Diet~~
- ~~6. Take a Break from Media~~
- ~~7. Spend Time Outside from a menu of healthy behaviors provided by the SHDHD WoW Committee~~

**Formatted**

~~b. Complete and submit a Wellness Benefit Pledge by July 31. Completion of the pledge triggers payment of the Benefit in the employee's next paycheck.~~

~~c. Review progress with your supervisor on a quarterly basis and readjust your goals as necessary.~~

~~At the end of the fiscal year, submit a Declaration of Sustained Health Behavior and tell us how you spent the Wellness Benefit.~~

**Formatted:** Right: 0.1", Space Before: 0.25 pt, Line spacing: Multiple 0.93 li

~~1. Each month, staff will meet with their accountability coach as above to share progress, discuss goals and determine the next month's goals.~~

**Formatted:** Left, Right: 0.1", Space Before: 0.25 pt, Line spacing: Multiple 0.93 li, Tab stops: 1.08", Left + Not at 0.58"

- ~~2. The accountability coach will then turn into the Finance and Operations Manager a signed copy of employee's accountability report.~~
- ~~3. The Finance and Operations Manager will then log information into accounting Spreadsheet to track each employee.~~
- ~~— Account will be awarded designated amounts as approved by the board.~~
- ~~4. When staff has enough credits in their account, they will be eligible to turn in receipts for item to be reimbursed.~~
- ~~—~~
- ~~a. Health fair blood work~~
- ~~b. Additional blood screenings at health fair (i.e Vitamin D, A1c test, PSA test).~~
- ~~c. Weight control/Counseling program registrations/fees.~~
- ~~d. Tobacco Cessation program registration/fees.~~
- ~~e. Gym/fitness membership.~~
- ~~1. Personal Exercise items (Giant Balls, Hand weights, stretch bands, etc.~~
- ~~2. Purchases of Fitbit or other monitoring device.~~
- ~~3. Registration for membership for Yoga, CrossFit, Jazzercise etc.~~
- ~~—~~
- ~~f. Entry fees for runs or other events.~~
- ~~g. Registration fees for Formalized Physical Fitness /Wellness activities. (School Districts, Municipal Recreation Departments, (i.e. softball, baseball, volleyball, etc.). Preventative Office Visits, not covered by insurance. Dental, Vision, Chiropractic~~
- ~~vitamins or medications not covered by insurance. (Vitamin D, Folic Acid, Calcium, Contraceptives for example.)~~
- ~~—~~
- ~~5. Preventative Office Visits, not covered by insurance. Dental, Vision, Chiropractic.~~
- ~~6.d. Reimbursement for Supplemental vitamins or medications not covered by insurance.~~
- ~~(Vitamin D, Folic Acid, Calcium, Contraceptives for example.)~~

## South Heartland District Health Department Employee Handbook

Policy Number: HR 504	Policy Title: Wellness Policy	Program Area: Health
Approved: 1.6.2021	Reviewed: 4.21.22	Next Review Date: 4.21.23

### Purpose

In accordance with our Mission and Vision, the South Heartland District Health Department strives to promote wellness – to include the activities, environments, and policies that facilitate healthy lifestyles for individuals, organizations, and communities within our jurisdiction. Health promotion can improve employee productivity by reducing employee health risks and absenteeism, and by increasing job satisfaction and morale. Health promotion can also reduce health care costs, enhance department image and long-term interests by promoting health beyond the worksite.

As such, South Heartland has adopted this Wellness Policy to promote healthy lifestyles among our own employees and to set a gold standard example to other organizations. Not only is a wellness policy the right thing to do for our employees, but it is imperative for credibility of our department that we are practicing what we preach at the highest level possible.

### Policy

This policy is presented as five separate goals:

1. ~~To c~~~~Policy Goal:~~ Create a Wellness Committee.
  - A. A Wellness Committee shall be established by the Executive Director. The committee shall consist of at least 2 SHDHD staff members (to be appointed by the Executive Director) and a member of the Board of Health ~~Personnel Committee~~ (to be appointed by the Chair of the Personnel Committee) and at minimum shall represent experience in health education, human resources, and administration.
  - B. The Wellness Committee shall meet annually to review the wellness policy, to set goals, and to develop a 12-month action plan. Educational, evaluative, budgetary, or policy-oriented goals may be considered.
  - C. Recommendations from the Wellness Committee shall be reviewed by ~~the entire SHDHD staff and~~ the Executive Director. The Board representative to the Wellness Committee shall present recommendations to the Personnel Policy Committee before the May Board meeting. The Personnel Policy Committee shall present recommendations to the full board for approval during the May Board meeting.
2. ~~Nutritional Goals:~~ To promote **nutritional knowledge**, healthy weights, —healthy blood cholesterol levels and healthy food choices among employees and ~~for employees to learn~~

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Left

Formatted: Font: Bold



~~2. how to be models of healthy lifestyles; and to facilitate healthy nutritional choices among~~  
others who are interacting with the Department.

A. Staff will follow “Healthy Meeting” guidelines (Office of Disease Prevention & Health Promotion, DHHS) when planning activities involving foods and/or beverages.

Formatted: Indent: Left: 0.57"

B. SHDHD funds will only provide for healthy snacks and beverages in the break room.

Formatted: Indent: Left: 0.57"

C. A minimum of one-half hour unpaid lunch break is required of all employees. For details, see Employee Pay Periods, Time Sheets and Overtime Policy (HR 2004).

Formatted: Indent: Left: 0.57"

D. Nutritional education in-service sessions are offered at least 1 time each year.

E. ~~An eEmployee's individual~~ nutritional/weight reduction goals, using approved weight loss or nutrition behavior change programs (e.g., MLMH's Intervent, Weight Watchers), are supported by the Employee Wellness Benefit Policy (see 5B below). ~~Programs must be approved by the Executive Director in advance and are reimbursed at the end of each year of participation upon submission of appropriate paperwork.~~

Formatted: Indent: Left: 0.57"

3. ~~Physical Activity Goals:~~ To promote **physical activity** ~~to knowledge and opportunities for~~ employees.

Formatted: Font: Bold

A. Physical activity educational in-service sessions are offered at least 1 time each year.

Formatted: Indent: Left: 0.57"

B. Employees are encouraged (by approving and allowing time) to walk to destinations located within 0.5-mile radius of the Health Department

Formatted: Indent: Left: 0.57"

C. Employees are encouraged to serve as models to the community by parking farther from destinations and using stairs, ~~as circumstances allow.~~

Formatted: Indent: Left: 0.57"

D. Employees are allowed to take ~~up to one~~ 15-minute work break for each four-hour ~~periods~~ worked and may utilize this time for physical activities such as stretching or walking.

Formatted: Indent: Left: 0.57"

E. ~~An eEmployee's individual~~ physical activity goals are supported by the Employee Wellness Benefit Policy (see 5D-5B below) including memberships to approved fitness facilities (e.g., YM/WCA, Curves, MLMH Fitness Center, Community Fitness Centers). ~~Application of the wellness benefit to fitness activities must be approved by the Executive Director in advance and will be reimbursed at the end of each year of participation upon submission of appropriate paperwork.~~

Formatted: Indent: Left: 0.57"

4. ~~Mental Health Goals:~~ To promote **good mental and emotional health practices** and to provide opportunities for mental health assistance to employees.

Formatted: Font: Bold

- A. Mental health in-service sessions (e.g., stress reduction, time management) are offered at least 1 time each year.
- B. Confidential Employee Assistance Program services are available to all regular ~~full and part-time~~ employees. ~~Confidential services are available to each employee, employee's~~their spouses, ~~employee's~~their minor children, and any other family member who regularly resides with the employee and is a legal dependent of the employee. Each employee will be eligible for a specified ~~maximum~~ number of free visits annually for help with personal and work-related issues.

5. ~~Preventative Health Goals:~~ To promote illness and injury prevention activities among employees.

A. South Heartland arranges for the following recommended adult and seasonal immunizations: tetanus, diphtheria, measles, rubella, influenza, hepatitis B. For details, see Employee Immunizations Policy (HR 501).

B. Wellness Benefit: All regular full-time employees and part-time employees scheduled at least 20 hours per week are eligible for the employee wellness benefit as outlined in Employee Wellness Benefit Policy (HR 205). ~~Regular part-time employees scheduled for at least 20 hours per week are also eligible for the employee wellness benefit as outlined in HR 205~~

~~C.~~

~~D.~~ South Heartland ~~offers corporate sponsorship of~~ encourages participation in health screenings ~~offered to the community obtained through County health fairs within the South Heartland jurisdiction or, in certain cases, arranged through the Department with other providers.~~ TB skin test, hepatitis B immunity, colorectal fecal occult, blood pressure, blood chemistry, blood hematology, blood endocrinology, prostate specific antigen (PSA), vision screening, hearing screening, and bone density screening. The cost of health screenings is supported by the Employee Wellness Benefit Policy (see 5B above). South Heartland will reimburse the employee up the amount available in their wellness benefit account. The specific screenings allowed are subject to change and based on availability. Except for the TB skin test and Hepatitis B immunity, results of screenings are the sole property of the employee (and his/her health care provider, if so deemed). SHDHHD will only maintain records of how many employees took advantage of each type of screening.

~~C.~~

~~E.A. Wellness Benefit: All regular full-time employees are eligible for the employee wellness benefit as outlined in HR 205. Regular part-time employees scheduled for at least 20 hours per week are also eligible for the employee wellness benefit as outlined in HR 205~~

F. Sick Leave: ~~South Heartland employees are encouraged to follow infection control best practices by staying home when they are sick.~~ Employees accrue up to nine days of sick leave per year. For details, see Paid Time Off benefits Policy in the Employee Handbook (HR103). In order to reduce the risk of employee exposure to illness during seasonal illness periods or during an infectious disease outbreak, South Heartland has developed Workplace Infection Control Guidelines that employees are encouraged to follow. For the latest version, go to S:\Program - Services\ Emergency Preparedness\1 - Coronavirus 2019-21\SHDHHD Internal IP\Infection Control\

~~G. Exclusion from work during illness: In order to protect the health of all employees, the department has the right and the responsibility to exclude employees from work if they are symptomatic for communicable diseases (e.g.,~~

**Formatted:** Font: 11.5 pt

**Formatted:** List Paragraph, Indent: Left: 0.58", Right: 0.08", Space Before: 0 pt, Numbered + Level: 2 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.9" + Indent at: 1.15", Tab stops: 0.83", Left

**Formatted:** Space Before: 0.55 pt

**Formatted:** List Paragraph, Indent: Left: 0.58", Right: 0.08", Numbered + Level: 2 + Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left + Aligned at: 0.9" + Indent at: 1.15", Tab stops: 0.83", Left

**Formatted:** Font: 12 pt

**Formatted:** Right: 0.08", Space Before: 0.55 pt

~~exclusion from work may be required and voluntary home isolation may be recommended for seasonal influenza, pertussis, mumps, tuberculosis, etc.) or are known to have been exposed to a highly communicable infectious disease (e.g., exclusion from work may be required and voluntary home quarantine may be~~

~~recommended for avian influenza, measles, severe acute respiratory syndrome, etc., until the employee is no longer considered at risk of exposing others). Employees are required to use sick leave in these situations. Employees who are excluded from work, but who do not have paid leave available, will be required to take leave without pay. Employees returning to work following an approved leave without pay will be returned to the position they held prior to the leave without pay or to another position in the same classification. In the event the employee's position is substantially impacted during the time the employee is on leave, he or she will be notified in writing and provided a time in which to exercise any rights available pursuant to this Policy. In some cases of exclusion and voluntary home quarantine, the Executive Director may allow the employee to work from home, and in such cases, employee will not be required to use sick leave.~~

**Formatted:** List Paragraph, Left, Indent: Left: 0", Right: 0", Space Before: 0 pt

D.

~~H. Infection Control Guidelines: In order to reduce the risk of employee exposure to illness during seasonal illness periods or during an infectious disease outbreak, South Heartland has developed Workplace Infection Control Guidelines.~~

**Formatted:** Right, Indent: Left: 0.81", No bullets or numbering

I.E. Injury Policy: In accordance with LB 757 (passed September 9, 1993~~9-93~~), South Heartland has developed a Workplace Injury Prevention Plan (HR 503) to address workplace safety.

**Formatted:** List Paragraph, Right, Indent: Left: 0.81", Right: 0.08", Space Before: 0 pt, Tab stops: 0.81", Left

J.E. Drug and Alcohol Policies: South Heartland is a tobacco-, drug-, and alcohol-free workplace. For details, see Tobacco Free Workplace Policy (HR 502), and Drug and Alcohol Policy (HR 3179).





## South Heartland District Health Department Employee Handbook

Policy Number:	Policy Title: Bloodborne Exposure	Program Area: Health and Safety
Approved:	Reviewed:	Next Review Date:

### **PURPOSE:**

To identify the steps to be taken when a bloodborne pathogen (BBP) exposure occurs.

### **POLICY:**

It is the policy of South Heartland District Health Department (SHDHD) to follow the established Exposure Protocol when a BBP exposure occurs. The following policy is for any exposure, needle stick, splash, or spill of any body fluids on or to another person. This policy shall apply to all staff, contract employees and volunteers.

### **DEFINITIONS:**

BBP - Bloodborne Pathogen

SHDHD - South Heartland District Health Department

CHSC - Community Health Services Coordinator

MLH IP/EH - Mary Lanning Healthcare Infection Prevention/Employee Health

### **RESPONSIBILITIES:**

- A. Healthcare workers practicing at SHDHD are to report an exposure and follow the protocol.
- B. SHDHD's Community Health Services Coordinator (CHSC) is responsible for coordinating with Mary Lanning Healthcare Infection Prevention/Employee Health Department (MLH IP/EH) to manage exposures, communicate results, and schedule counseling as needed.

### **PROTOCOL:**

- A. Wash and flush area as soon as possible. Allow wound to bleed freely.
- B. Apply antiseptic if available.
- C. Report to immediate supervisor.
- D. Report to CHSC.
- E. CHSC will contact MLH IP/EH at Ext. 5166 to report the exposure and provide the employee and patient names/birthdates for coordination of lab testing (HIV, Hepatitis B, Hepatitis C and liver enzymes) at MLH lab.
- F. ML EH/IP will notify MLH lab and order the lab tests.

**NOTE:** If patient has an urgent need to leave the department, vaccinator or employee with knowledge of the exposure must seek immediate assistance from the CHSC, the back-up Immunization Program Coordinator or the Executive Director to communicate the incident and next steps to the patient (parent/guardian) before they leave the department.



- G. It shall be the responsibility of the CHSC to communicate with and get verbal consent from the patient (parent/guardian) who will need tested. Consent form will be completed at MLH lab.
- H. Complete an incident report and submit to CHSC. Forms are located *S:\Program - Services\Immunization\2. Incident and Error Report Forms\_Process Checklist*
- I. Patient and employee complete lab tests as soon after incident as possible (within 2 hours).
- J. The cost of patient's lab test shall be assumed by SHDHD.
- K. The cost of employee, contract employee or volunteer's initial lab test shall be assumed by SHDHD.
- L. Follow-up lab testing is recommended per schedule; six weeks, three months, six months and at one year if source is positive or employee chooses. If source is negative, employee can choose not to pursue further testing or can agree to 6-month testing.
- M. Initial follow-up after the incident occurs will be covered by SHDHD for staff members, contract employees and volunteers.
  - The six week, three and six month and one year follow-up will be covered by SHDHD for current employees only.
  - The employer currently responsible for affected contract employees will be billed by MLH for the cost of the labs. SHDHD will not be responsible for contract employee follow-up.
  - Individuals no longer employed by SHDHD will be responsible for their individual follow-up.
  - Volunteers will be responsible for their individual follow-up.
- N. SHDHD does not assume responsibility for notifying the employer of the contract employee or the volunteer, of follow-up testing dates or requirements beyond the initial testing.
- O. Exposure will be reported to Executive Director by CHSC.
- P. Incident reports of exposure will be maintained for 10 years.
- Q. Report will be made to the Nebraska DHHS Immunization Program for all immunization related incidents.
- R. Quarterly reports will be made of the number of exposure occurrences to the Safety Committee.

References:

- A. Mary Lanning Healthcare Bloodborne Exposure Policy.

*Post-exposure laboratory charges as of 5.12.22:*

*Hep B \$28.68*

*Hep C \$10.00*

*HIV \$28.09*

*Liver enzymes \$10.00*

*Draw fee \$10.00*

***Total charges \$86.77***

06.24.22

South Heartland District Health Department

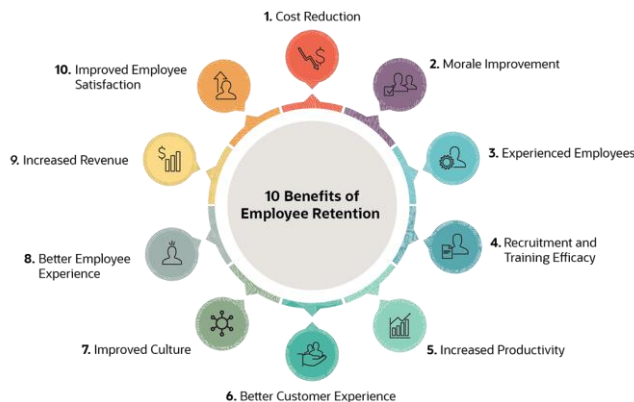
Board of Health – Policy Committee 06.27.22

Possible Retention Strategies (some sections adapted from Sarpy/Cass Health Department)

The state and local public health workforce is declining. Over the last decade the State public health workforce has declined by 10% and the local public health workforce has declined by over 15%.<sup>i,ii</sup> It is essential to recruit and retain qualified and competent workforce to promote, protect, and assure the health of all people and communities. A survey of over 75,000 public health workers found that job satisfaction and retention is related to factors that can be influenced by the organization. These included the specific activities involved in a position, job security, competitive benefits, and identifying with the mission of the organization.<sup>iii</sup>

Retention of staff have many benefits from cost reduction to improved satisfaction (Image 1).

Image 1: 10 Benefit of Employee Retention



In an effort to continue to expand the supports that the South Heartland District Health Department provides to its qualified and competent employees, the following strategies can aid in the retention and satisfaction of staff.

1. Current practices for employee retention and satisfaction include providing educational benefits to employees at a time when organizations are struggling to find workers to fill vacant positions and retain the workers they have. "In today's talent market, employees want more than a paycheck. They want rewarding job opportunities, career mobility and new experiences."<sup>iv</sup>

Education Benefit - Tuition Assistance Policy (adapted from NE DHHS)

Employee Tuition Assistance Program: Employees in permanent status (full or part time) may, with prior approval of the executive director, receive reimbursement for up to 100% of tuition costs for the completion of a job or agency-related course of instruction through an accredited university,

college, technical school or community college, and up to 75% of tuition costs for degree-related courses. Employees that are temporary, on original probation or serving disciplinary probation are excluded from receiving tuition assistance. Employees are eligible for reimbursement of up to nine (9) hours of courses per year.

Tuition assistance covers the expenses required for tuition costs only. Expenses paid for fees, books and other expenses are not considered a part of tuition unless specifically provided for by a funding source.

Requests for tuition assistance must be approved by the executive director, or his/her designee, prior to the class starting date. Disapproval by the director is final and is not a grievable issue.

Employees enrolling in a course may do so either by correspondence or attendance at classes during working or non-working hours. Employees granted permission by the agency head to attend classes during working hours shall arrange their work schedule so that they continue to work their normal number of hours per week. The executive director may approve the use of earned compensatory time, vacation or leave without pay to attend classes during working hours.

Employees who have successfully completed the approved course or courses shall be reimbursed for whatever rate is indicated on the tuition assistance contract with the employee, based on funding availability. The rate approved may be up to 100% of the tuition cost.

Employees who receive tuition assistance may be asked to reimburse the department if they leave their employment **within one year** of the course completion **date**.

2. Research shows that giving employees a sense of purpose and community is important.<sup>v</sup> There are several recommendations to do this. Organizations and leaders should create a culture of making personal aspirations a routine part of manager conversations, encourage gestures of kindness and support, among others. One way that SHDHD proposes to do this is by creating a Recognition Policy.

South Heartland District Department Recognition Policy (Adapted from Sarpy/Cass Health Dept) (funds would be from State General Funds)

Develop department policy that outlines recognition expenditures that are in compliance with the Local Government Miscellaneous Expenditure Act §13-2201-§13-2004 of the State Statutes. In doing so, this policy has been instituted as a means of conforming to the conditions of the Act.

The Board of Health has approved permission for the health director, his/her designee, or any Officer of the Board to acknowledge or recognize staff and/or Board members for various occasions or circumstances as set forth in Attachment One of this policy.

The attachment does not command that any of the occasions or events are required to be observed but establishes allowability and price limits should the decision be made to recognize an occasion or event.

The Nebraska Accountability and Disclosure Commission offers *A Guideline to the Use of Public Funds by Cities and Villages—Revised* as a guideline for the use of public funds in relation to meal

**Commented [MB1]:** Within 2 years? "Typically companies will want to require repayment if an employee leaves the company within two years of receiving tuition assistance. Based on managing a wide range of tuition assistance programs, we recommend to require 100% repayment if an employee leaves within one year, and require 50% repayment within two years. (From: Should You Require Employees Who Leave to Repay Tuition? <https://www.tuitionmanager.com/blog/repayment-policy>)

**Commented [MB2]:** Under current law, employers can exclude from an employee's taxable income up to \$5,250 per year in education assistance at the undergraduate and graduate level.

"Tuition reimbursement is taxable in certain situations, but it depends on job applicability and federal tax guidelines," Hall said.

The Society for Human Resource Management (SHRM) believes employer-provided education assistance plays an important role in workforce development and "has long championed policies that allow employers to offer education assistance programs relevant to the modern workforce," said James Redstone, director of public policy at SHRM.

purchases, cash bonuses, acknowledgements of appreciation, conference registration and travel expenses, funeral flowers and memorials, sponsorships, holiday parties, recognition parties, money received from vending, publicity campaigns, and memberships.

#### ATTACHMENT:

Per the Guideline to the Use of Public Funds revised on September 11, 1992, by the Nebraska Accountability and Disclosure Commission this policy may not be amended more than once in any twelve-month period.

Occasion ~ Recognition	For	Dollar Value
One recognition dinner per year	Staff members, and/or elected/appointed officials, and/or volunteers	≤ \$25/person
Ceremony acknowledging service to LHD	Staff members	≤ \$300/event <i>including rental, non-alcoholic refreshments, and snacks</i>  ≤ \$50/person for a token of acknowledgement
SHDHD end of year meal as an official function	Staff members	≤ \$50/person
Board meeting meal as an official function	Board, staff, and/or invited guests at meeting	≤ \$25/person
Funeral office closure <i>(for loss of someone in current household)</i>	Current board and/or current staff member	Varies by employee
Token of acknowledgement or appreciation	Current board and/or current staff member	≤ \$50/person
Anniversary of employment <i>(5-year increments)</i>	Staff members	\$5/year starting at 5 years
Anniversary of board involvement <i>(10-year increments)</i>	Board members	≤ \$50/person
Employee Appreciation Day <i>(Public Health Week)</i>	Staff members	≤ \$50/person

<b>Non-weather-related closures/early dismissals</b>	Staff members ≤ 24 hours/year	Varies by employee
<b>SHDHD apparel</b> <i>(such items remain property of SHDHD indefinitely)</i>	Staff members	≤ \$100/year <i>excludes embroidery cost</i>
<b>Dollar value is less than or equal to the amount specified. The dollar value could include a gift card, flowers, plaque, or any other gift item. The prices noted do not include delivery fees; the delivery fees are to be an addition to the maximum dollar amount.</b>		

<sup>i</sup> Association of State and Territorial Health Officials. New Data on State Health Agencies Shows Shrinking Workforce and Decreased Funding Leading up to the COVID-19 Pandemic. <https://astho.org/Press-Room/New-Data-on-State-Health-Agencies-Shows-Shrinking-Workforce-and-Decreased-Funding-Leading-up-to-the-COVID-19-Pandemic/09-24-20/?terms=shrinking+workforce>. Press release published 2020. Accessed October 13, 2021.

<sup>ii</sup> National Association of County and City Health Officials. NACCHO's 2019 Profile Study: Changes in Local Health Department Workforce and Finance Capacity Since 2008. Research brief published May 2020. Accessed October 13, 2021

<sup>iii</sup> Council on Linkages Between Academia and Public Health Practice. (2016). Recruitment and Retention: What's Influencing the Decisions of Public Health Workers? Washington, DC: Public Health Foundation.

<sup>iv</sup> Why More Employers Are Leveraging Tuition Assistance to Attract and Retain Employees: Education benefits are now ripe for expansion, many believe. By Kylie Ora Lobell October 11, 2021. <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/why-more-employers-are-leveraging-tuition-assistance-to-attract-and-retain-employees.aspx>.

<sup>v</sup> Carucci R. Harvard Business Review. *To retain employees, give them a sense of purpose and community*. Published October 11, 2021. Accessed <https://hbr.org/2021/10/to-retain-employees-give-them-a-sense-of-purpose-and-community> 10/21/21.

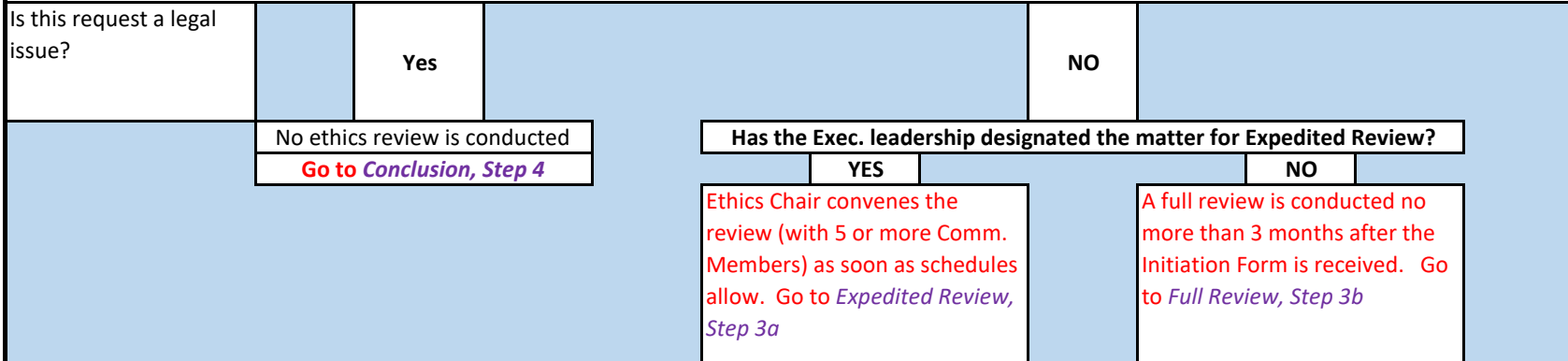
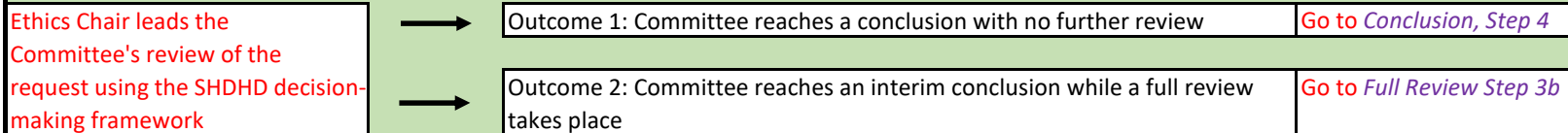
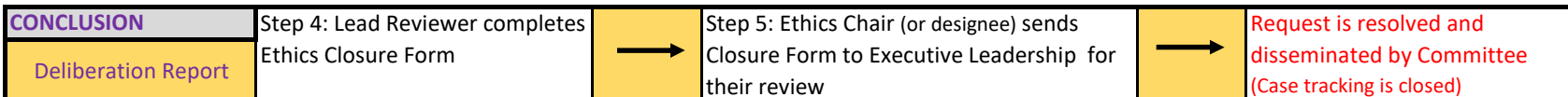
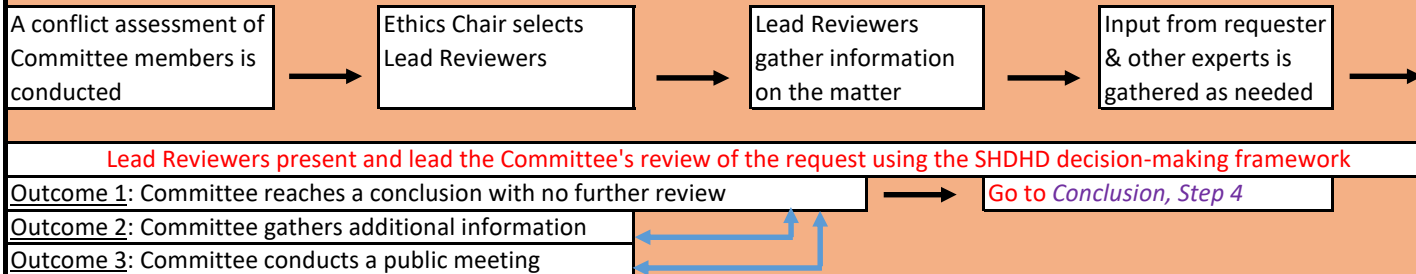


## SHDHD Ethics Review Process Map

**INTAKE - Initiation Form**

Step 1: Ethics Chair sends the Ethics Initiation Form to the Committee (ID number is assigned & tracking begins)

Step 2: Legal counsel on the Ethics Committee conducts a brief legal assessment of the request

**STEP 3a: EXPEDITED REVIEW - Review Forms (Guide for Conducting an Ethical Analysis)****STEP 3b: FULL REVIEW - Guide for Conducting an Ethical Analysis (Reviewers, Part 1 & 2; Committee, Parts 2 & 3)**

## Executive Director Report to the Board of Health

July 7, 2022

### **1. Leadership/Professional** (Governance Functions: Legal Authority, Oversight)

- Attended a retreat/workshop on Health Equity with NE DHHS and Nebraska local health departments on May 17.
- Attended Nebraska Association of Local Health Directors Annual Strategic Planning meeting (June 22) and Friends of Public Health legislative planning meeting (June 23).
- New/expanding partnerships: With the United Way, exploring opportunities for focusing on health equity. Had discussions with the not-for-profit Inclusive Communities about services and programs they have to assist local communities. Working with UNMC on a diabetes prevention and management initiative – Hastings is one of two pilot communities in Nebraska.

### **2. Operational/Personnel** (SP 2, SP 4, PHAB #11, PHAB #12)

- Facility
  - a. Renovations in progress:
    - Clinic - Splitting the former clinic room into two rooms – one for patient/vaccinations, one for vaccine preparation and storage, room HVAC units added to each room, replaced lighting with LED. Still expecting cabinets to arrive in July, then installation and finishing work will be completed. Services: Trent Meyer Construction, Krieger Electric, Precision Heating and Cooling. Supported by COVID Vaccination Subaward.
    - Automatic Backup Generator – Still expecting arrival in July. Prep work completed, which included consolidating 2 electric service lines to one service line. Krieger Electric and Hastings Utilities involve. Supported by COVID Vaccination Subaward.
    - Exploring Costs of Additional Renovations – Drive-through vaccination/testing space; additional office space; Roof replacement.
- Staffing
  - We have 3 open positions: Public Health Risk Coordinator position (still vacant, since June 2021), recently revised and reposted; Program Nurse – reopened; Community Health Services Coordinator (to replace D. Hultman).
  - Due to expected reduction in funding for COVID disease investigation after September, we are repositioning staff to other activities, some of which are projects designated by new funds.

### **3. Legislative Updates** (SP 5, PHAB 12, ES: Governance Function: Oversight).

#### a. In Nebraska

- 1) It is not too early to begin building relationships with our gubernatorial candidates and gauging public health and safety goals we may have in common.
- 2) Legislative Session interim – we'll invite our State Senators to attend the September or November Board meetings.

#### b. From NACCHO (National Association of County and City Health Officials):

- 1) **House Committee Approves Health Spending Bill** On Thursday, June 30, the House Appropriations Committee approved by a party line vote its fiscal year 2023 Labor, Health and Human Services, Education, and Related Agencies (L-HHS) funding bill. The bill allocates a total of \$124 billion to HHS, a 14 percent increase over last year's funding. Many programs that NACCHO advocated for with the committee received increased funding compared to last year. Funding levels of NACCHO priorities in the House bill are:

- \$25 million for the Public Health Loan Repayment Program, a key NACCHO legislative priority, which would support standing up this new program
- \$750 million for Public Health Infrastructure and Capacity at the Centers for Disease Control and Prevention (CDC), a \$550 million increase
- \$735 million for the Public Health Emergency Preparedness (PHEP) Cooperative Agreement, a \$20 million increase
- \$10.5 billion for CDC, a \$2 billion increase
- \$250 million for Data Modernization Initiative at CDC, a \$150 million increase
- \$6.24 million for Medical Reserve Corps, level to last year's funding

The \$25 million to establish the Public Health Loan Repayment Program is particularly notable. Passing authorizing legislation and appropriations to provide loan repayment for public health professionals who agree to serve three years in a local, state, or tribal health department has been a top NACCHO legislative priority for years, and this is the first time funding has been included in an appropriations bill.

In addition to funding levels, NACCHO also requested that appropriators include language to ensure funding makes it to the local health department level efficiently and equitably, both through reporting requirements and explicit suballocation expectations. The House bill includes language specific to local health departments for Public Health Infrastructure and Capacity, PHEP, and CDC-wide activities. The bill will next be considered by the full House, likely in July. The Senate has not set a schedule for release or committee consideration of its L-HHS bill.

- 2) **Circuit Court Issues Temporary Stay on Juul Product Ban** Last Friday, the U.S. Court of Appeals for the District of Columbia granted Juul's request to temporarily block a FDA order issued the previous day that banned the sale of Juul products. FDA had issued marketing denial orders for all Juul products currently sold in the U.S. after determining that the company's premarket tobacco product applications lacked sufficient evidence to demonstrate that their sale would be appropriate for the protection of public health. The temporary stay will be in effect until at least July 12, at which point the court can extend the pause on the FDA's ban or let it take effect while Juul's appeal of the FDA decision is pending. While the stay is in effect, Juul products, including its electronic vaping cartridges and pods, can remain on the market.

## **5. E.D.'s Individual Development Plan Goals:**

- a. Goal #1: Create a Succession Plan for the Department by October 15, 2022 (In Progress – no updates since May)
- b. Goal #2: Performance Management System with functional supervisory structure in place by July 1, 2022. Still tweaking (and various internal and external disrupters have slowed our progress), working to engage staff to understand their roles with a line of sight to Departmental Goals. This will help us build performance measures at the individual, program, and departmental levels.
- c. Goal #3: Personal Wellness - Improve core strength and cardio fitness by implementing a wellness training plan by December 1, 2021. On Track with Core Strength, Cardio Fitness training also built into my schedule since beginning of June.
- d. Goal #4: By December 31, discuss with Board Chair the 2021 ED evaluation and determine one priority to strengthen working with the BOH. No new updates since May.

# BOH074 Dashboard Prototype

## SHDHHD Community Health Improvement Plan

### South Heartland District Health Department's Community Health Improvement Plan Data Dashboard Priority One: **Access to Care**

#### Access to Care Indicators

Status  
■ Complete ■ Incomplete  
■ In Progress ■ Removed

Objective N..	Description	Progress toward Objective	Status
1A	Expand access to primary care, oral health, and behavioral health services by securing a satellite Feder..	Application submitted to ..	Complete
		Community partners prov..	Complete
		Education Plan implemen..	Removed
		Funding secured from HR..	Removed
		If funded, FQHC operation..	In Progress
		Plan B developed (in case ..	In Progress
1B	Improve access to substance misuse/ behavioral heal..	Plan for education to stak..	Removed
		Action initiative on task f..	Incomplete
		Assessment of resources ..	Complete
		Task force established	Complete
1C	Improve access to care by expanding tran..	Task force report back wit..	Incomplete
		Assessment of available t..	In Progress
1D	Improve access through empowering pe..	Implement plan for increa..	Incomplete
		Proposal for increasing tr..	In Progress
1E	Improve access through professional or lay workers trained in patie..	Identify a workgroup to i..	In Progress
		Inventory of insurance du..	In Progress
1F	Improve access to care through adoption of evidence-based..	Plan for promoting/increa..	In Progress
		Gap analysis of training p..	Removed
		Inventory of community/o..	Removed
		ROI promotion for develo..	Incomplete
1G	Improve access to care by incre..	Summary of workforce	Removed
		Task force for environmen..	Removed
1H	Expand and improve the Re..	Identify a workgroup to i..	In Progress
		Implement marketing and..	Incomplete
		List of evidence-based pra..	In Progress
		Tool kit of evidence-based..	Incomplete
		Disparities toolkit develo..	Incomplete
		Training plan created	In Progress
		Functioning Interactive R..	In Progress
		Member for work group t..	In Progress

#### Highlights/Successes:

2019  
2020  
2021  
2022

#### Barriers

2019  
2020: COVID-19 pandemic, virtual meetings and data collection (surveys - how to interpret data, how to make it user friendly)  
2021: COVID-19  
2022:



Top Left:  
Top Right:  
Bottom Left:  
Bottom Right:

NAVIGATE TO ANOTHER  
DASHBOARD:

[Home](#)

[Objectives Dashboard](#)

[Access to Care](#)

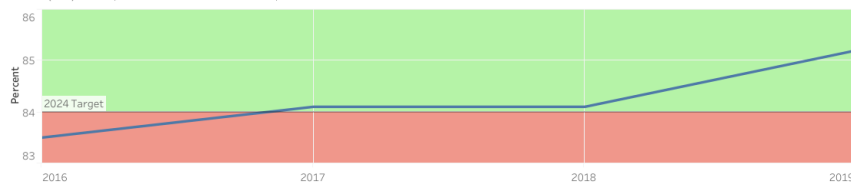
[Mental Health](#)

[Substance Misuse](#)

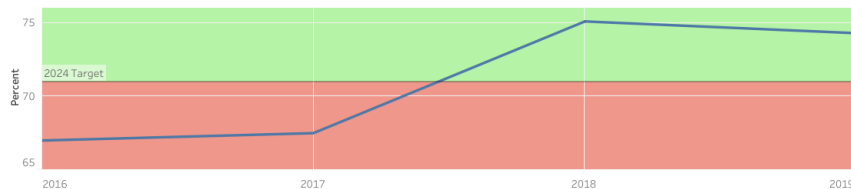
[Obesity](#)

[Cancer](#)

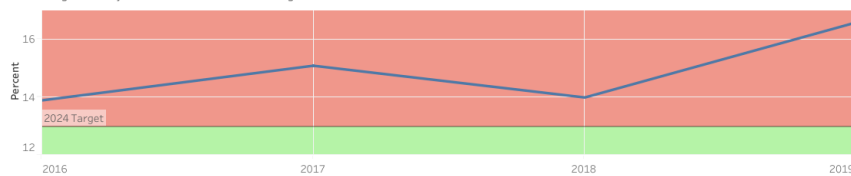
Adults (18+) with a personal doctor or health care provider



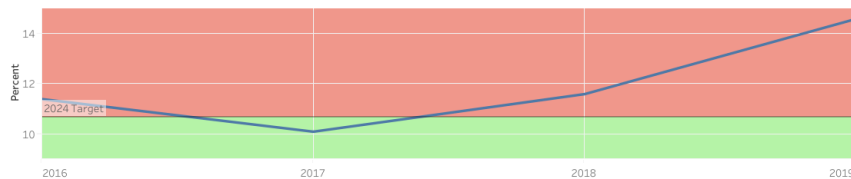
Adults (18+) who report visiting the doctor for a routine exam in the past year



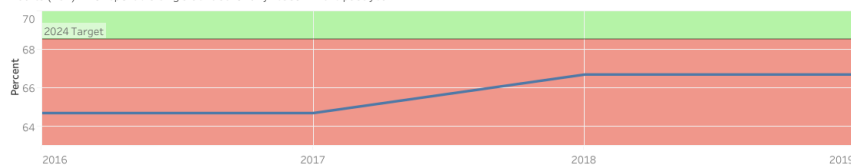
Persons aged 18-64 years without healthcare coverage



Adults (18+) reporting cost as a barrier to visiting a doctor in the past year



Adults (18+) who report visiting a dentist for any reason in the past year



BOH075  
Dashboard Prototype

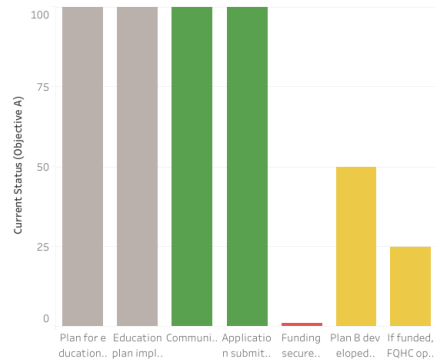
SHDHD Community Health Improvement Plan

South Heartland District Health Department's Community Health Improvement Plan

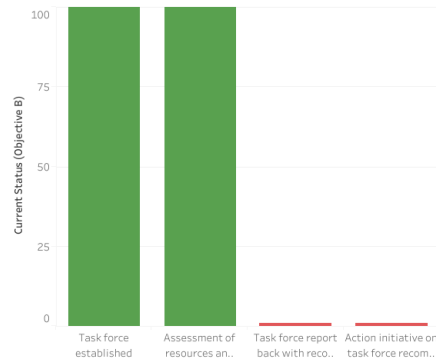
Objectives Dashboard

Priority One: **Access to Care**

**Objective 1A:** Expand access to primary care, oral health, and behavioral health services by securing a satellite Federally Qualified Health Center (FQHC) in Hastings



**Objective 1B:** Improve access to substance misuse/behavioral health acute care services by assessing medically-assisted detox and related services

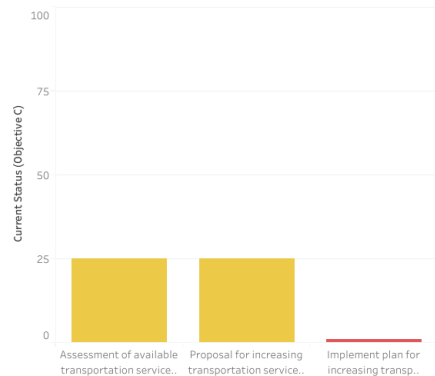


Navigate to another dashboard:

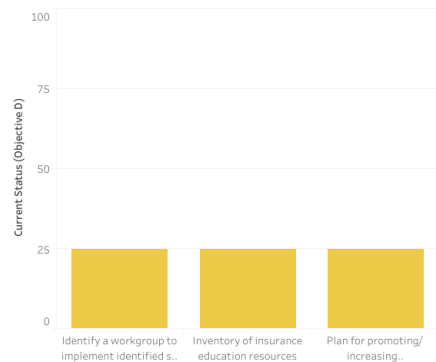
- Home
- Data Dashboard
- Access to Care
- Mental Health
- Substance Misuse
- Obesity
- Cancer

Status Description  
Complete  
In Progress  
Incomplete  
Removed

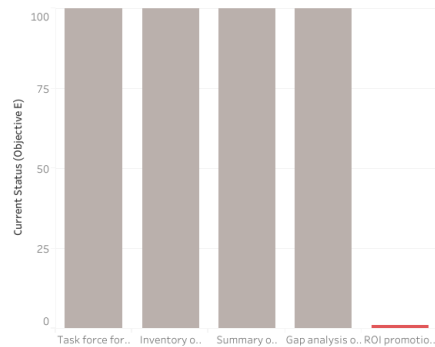
**Objective 1C:** Improve access to care by expanding transportation options



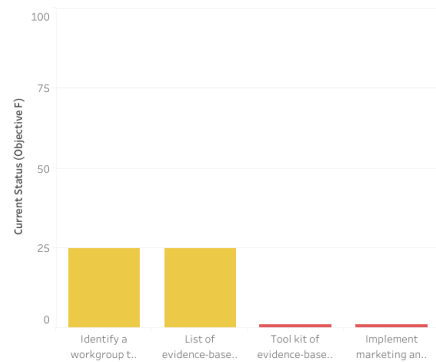
**Objective 1D:** Improve access through empowering people with knowledge to obtain and utilize insurance options



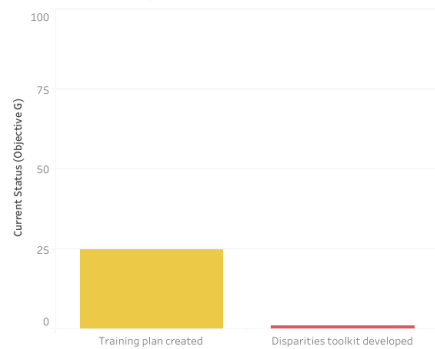
**Objective 1E:** Improve access through professional or lay workers trained in patient navigation, coaching, and advocacy



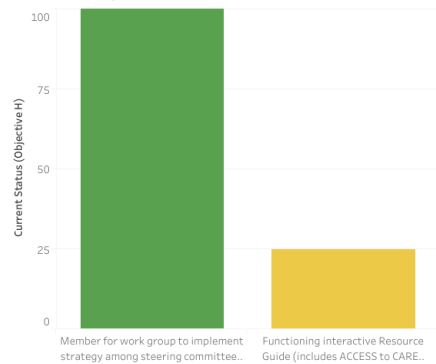
**Objective 1F:** Improve access to care through adoption of evidence-based practices that strengthen communication and understanding of health information



**Objective 1G:** Improve access to care by increasing awareness and understanding of factors that contribute to disparities



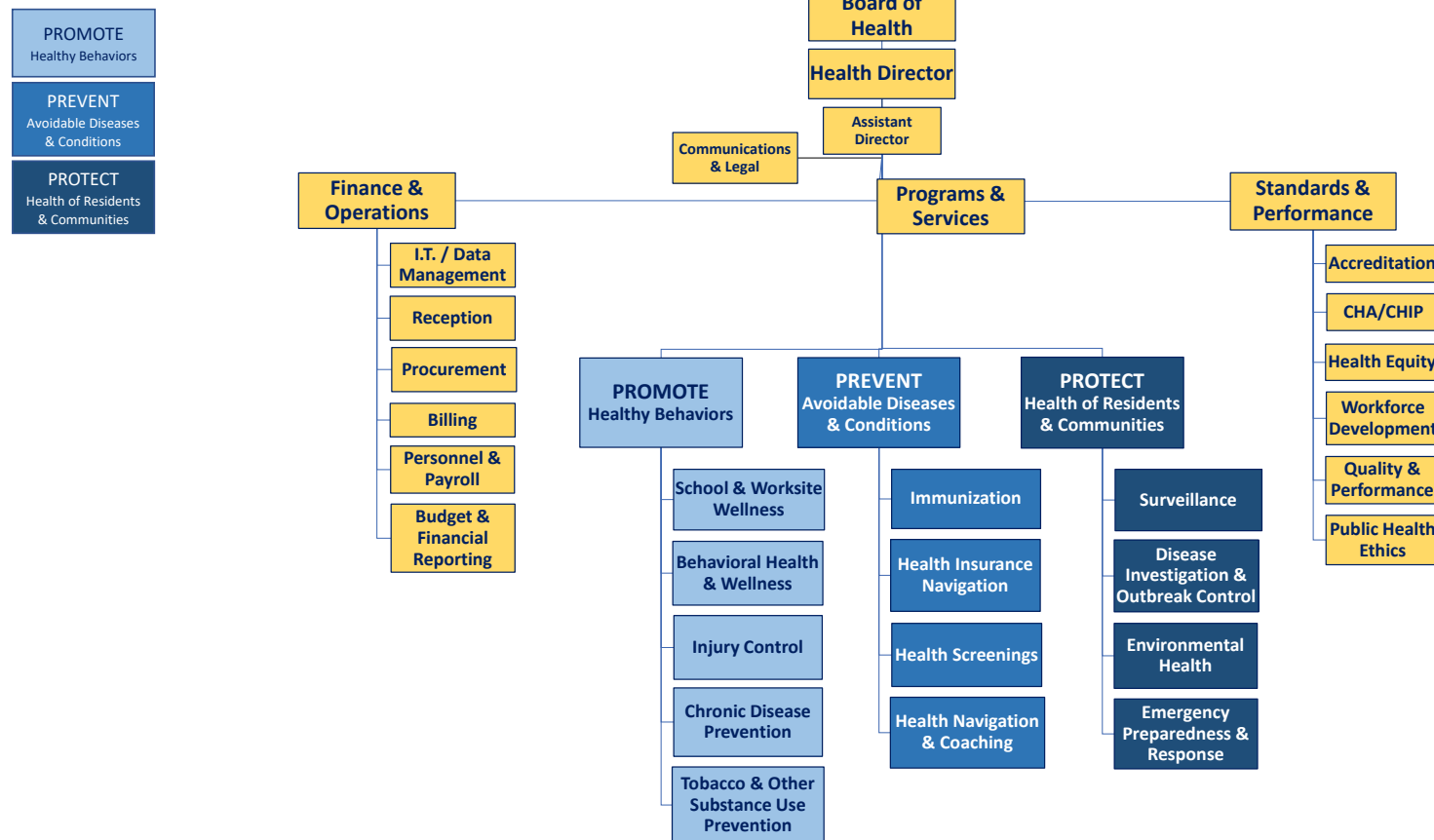
**Objective 1H:** Expand and improve the Resource Guide to integrate and promote local resources for accessing health care and health services



April 2022

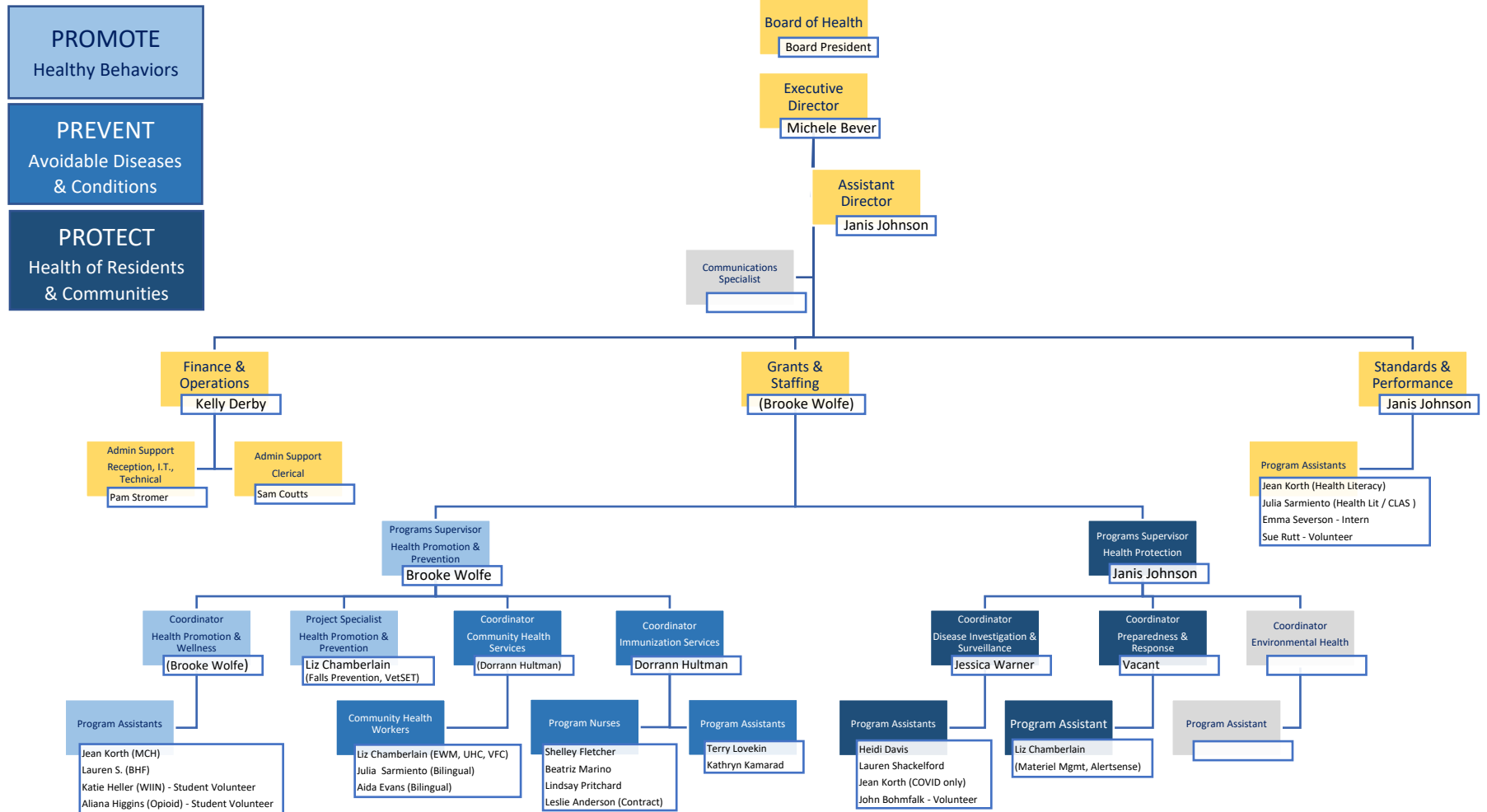


## Organizational Chart: What We Do





# Organizational Chart: How we make it happen



## Promote- Healthy Behaviors

### Chronic Disease Prevention

Working to reduce the burden of suffering and death from chronic disease (primarily hypertension, diabetes, obesity and cancer). Partnering with stakeholders and providing leadership in the prevention of chronic diseases by conducting public health surveillance and by developing, implementing, evaluating and supporting evidence-based public health interventions and policies.

### School/Work Site Wellness

Working with schools and worksites in the district to educate and promote wellness through evidence-based programming. Sharing our resources with leadership so they have the skills and knowledge to help their students and employees. Strategies/Interventions include: Worksite Wellness Network, Coordinated School Health training and support, CATCH Kids Club, annual Nebraska Kids Fitness and Nutrition Day event.

### Health Disparities/Minority Health Education

Healthy People 2030 defines health equity as the "attainment of the highest level of health for all people." Promoting equal opportunities for all people to be healthy and to seek the highest level of health possible. Working to eliminate avoidable health inequities and health disparities including those for minorities, vulnerable and at-risk populations (by utilizing community health workers, educating and empowering members of their communities - providing information through culturally and linguistically appropriate approaches). Health disparities may be related to age, geographic location, race/ethnicity, medical or behavioral health conditions, poverty status, level of education, or other factors.

### Wellness Education

Working to inform the community on a variety of public health priority topics. Focusing on ways to reduce risks and exposures (prevention) as well as strategies for improving health (health promotion). Developing and implementing educational campaigns, collaborating with partners for community-wide messaging, and providing technical assistance and resources. Example topics: physical activity, handwashing (Scrubby Bear), sun safety / Pool Cool, radon awareness, mosquito bite prevention (Fight the Bite), mental health and wellness, cancer awareness and screening promotion, and healthy eating.

### Injury Prevention/Occupational Health & Safety

Promoting injury prevention and safety issues in the community and at worksites. Examples are falls prevention, safe routes to school, agricultural safety, and Complete Streets initiatives. SHDHD implements the falls prevention programs, *Tai Chi Moving for Better Balance* and *Stepping On*, which are evidence-based programs to help older adults improve their balance and reduce the likelihood of falling. The programs are intended for community-dwelling older adults aged 60 and older, who can walk easily with or without assistive devices.

### Behavioral Health and Wellness

Leading or supporting initiatives to improve mental health and wellness including: (1) Rural Behavioral Health Network development, (2) Integrated care, (3) Suicide prevention/QPR (Question. Persuade. Refer), (4) SBIRT (Screening. Brief Intervention & Referral to Treatment), (5) Mental Health First Aid Training, (6) Psychological First Aid Training, (7) Trauma-Informed Care.

## Prevent- Community Health Services

### Public Health Nursing

Promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. SHDHD public health nurses are working with area community health workers, healthcare providers, school and college health services, pharmacists, health ministries/faith-based organizations and other community entities to provide, refer to, and assure community health services.

### Health Screening, Navigation/Case Management and Health Coaching

Engaging and navigating individuals to better health through health risk assessments and screenings (in community and home settings), referral to community healthy behavior supports (Diabetes Prevention Program-DPP, Living Well, Blood Pressure Programs), and health navigation with barrier reduction for screening and treatment, health coaching, and case management for positive screenings (Hypertension, Cholesterol, FOBT, Mammogram, PAP, Tuberculosis patients and their contacts - DOT).

### Communicable Disease Prevention/Immunization

Preventing vaccine preventable diseases by promoting/administering immunizations for all ages: (1) providing child immunizations through the Vaccines for Children Program (for those children who qualify) and (2) administering adult flu/tetanus/pertussis vaccines for eligible adults. Capacity to expand for emerging disease prevention through disease-specific vaccination (e.g. COVID-19).

### Access to Health Care, Information

Improving access to comprehensive, quality health care services. Goals: (1) Increasing the ability of all residents to secure and utilize preventive services, (2) Increasing the number of local providers using technology to improve access to health care and (3) Empowering the general public, referral agents, and communities to connect with and recruit needed resources and reliable health information. Example strategies: promoting health literacy and health literate organizations; addressing disparities, and expanding the base of trained/certified community health workers. Specific example strategies: (1) Every Woman Matters (EWM) program helps women get health check-ups (wellness & cancer screenings). (2) Veterans - improving the local community system to better serve the veteran and his/her family. (3) Health Insurance coverage expansion (enrollment/knowledge).

## Protect-Health Surveillance, Epidemiology & Assessment

### Communicable Disease Investigation and Response

Identifying, investigating and monitoring each occurrence of reportable communicable disease or condition. Investigating and following up on foodborne illness and outbreaks. Taking action to contain the spread of disease before it becomes a major public health concern. Educating the public on preventative measures to protect themselves, their families and others from disease. Working with health care providers, hospitals, laboratories and state health agencies (DHHS, Department of Agriculture) and other surveillance partners.

### Communicable Disease Surveillance

Collecting, analyzing and displaying public health data, including Identifying and monitoring reportable communicable diseases, environmental hazards, chronic diseases, injuries and other health conditions and emergent public health and concerns. Example activities: mosquito trapping and shipping to state lab to monitor West Nile Virus, radon testing results, school surveillance to track student absence by type of illness, and hospital inpatient tracking to monitor influenza-like illness.

### School Surveillance

Tracking and reporting absenteeism of ill students for all four counties in the health district throughout the school year. School surveillance is done on a weekly basis and is reported weekly to Nebraska Health and Human Services. Tracking of specific symptoms and illnesses in children enables public health to identify in a timely manner when an outbreak or a public health emergency is occurring and to determine whether public health response and/or guidance is required.

### Environmental Surveillance

Collecting, monitoring, analyzing and summarizing information on environmental hazards and risks in the health district. Examples include: monitoring and summarizing public water system violations; collecting and analyzing radon test result data; tracking reports of mold, insect infestation, exposures to potentially rabid animals, and public nuisances. Enhanced environmental surveillance may be necessary during a natural disaster or other emergency, such as a terrorist attack. In this case, SHDHD will be coordinating public health surveillance with law enforcement and emergency management activities and will be collecting public health risk data essential for protecting and ensuring the wellbeing of the people in affected areas, with an emphasis on prevention and control of disease and injury.

### Data Management, Statistics & Reports

Collecting, analyzing, displaying and disseminating specific health data for the health district so that it is available for staff and public health partners to utilize in their efforts to identify priority health issues and measure progress in improving health.

### Community Health Assessments

Conducting periodic Community Health Assessments to determine the health status and public health needs of residents in the 4-county health district. Working with community partners, we use the assessment results to develop and prioritize health goals for our Community Health Improvement Plan and to monitor progress on these goals. Comprehensive Community Health Assessments are conducted every 6 years, with an interim assessment conducted in year 3 to meet the IRS requirements of partnering non-profit hospitals. SHDHD conducts special project, program-specific or health issue-specific assessments to support coalition needs, staff programs and policies, grant-writing activities, and other department or community needs.

## Protect- Public Health Preparedness & Environmental Health

### Special/Vulnerable Populations

Maintaining a list of Special, At Risk and Vulnerable (SARV) populations to assist meeting their needs during a public health emergency. Maintaining a SARV plan for the health district.

### Training & Exercises

Planning and conducting training and exercises on the public health Emergency Response Plan to ensure health district staff and partners are ready to respond. Working with local, regional and state partners to plan, practice and prepare for public health emergencies.

### Emergency Response

Preparing for public health emergencies by planning, training & exercising. Developing and maintaining a public health all-hazards Emergency Response Plan to protect the population's health and well-being in the case of natural or manmade disasters, bioterrorism or other weapons of mass destruction (WMD) events, pandemic outbreaks of disease, or significant industrial accidents. Partnering with other response agencies to ensure response and communication procedures are in place for events that could overwhelm routine service capacities and cause widespread threat to the public's health. SHDHD facilitates inter-agency, community, and individual preparedness planning as well as response to real events.

### Continuity of Operations

Developing and maintaining a plan for continuing SHDHD's critical functions and operations during times of disaster: Continuity of Operations (COOP) Plan.

### Risk Communications

Rapidly communicating and disseminating critical information to ensure a prompt and coordinated response and to minimize public fear. Educating and communicating with clear and concise information to assure the public that a situation is being addressed completely and quickly. Communicating to people who are impacted in an accurate and timely manner. SHDHD, in conjunction with Nebraska DHHS, is responsible during a public health emergency for identifying and providing appropriate information, guidelines and recommendations to the general public and the media.

### Behavioral Health Response

Preparing for and identifying disaster behavioral health needs and coordinating disaster behavioral health response with local and regional partners, including, but not limited to: Community Organizations Active in Disasters (COAD), Psychological First Aid Responders, Medical Reserve Corps, Tri-Cities Medical Response System, and Region 3 Behavioral Health Services.

## Protect- Public Health Preparedness & Environmental Health

### Methamphetamine Lab Decontamination Assurance

Providing oversight of decontamination process in residences with methamphetamine contamination including, but not limited to, review and approval of testing results after professional environmental decontamination. SHDHD has authority and responsibility as designated by State of Nebraska rules and regulations.

### NE Clean Indoor Air Act Assurance

Providing education and assurance regarding the 2008 Nebraska Clean Indoor Air Act.

### Inspections/Assessments

Conducting and reporting on inspections for violations of Nebraska Clean Indoor Air Act. Conducting assessments for other identified environmental risks/complaints, coordinating with or referring to appropriate state or local agencies (e.g., DHHS Lead Poisoning Prevention Program for residential lead assessments).

### Indoor Air Quality

Promoting awareness and reduction of indoor air hazards, including tobacco/vaping smoke, radon, carbon monoxide, and other contaminants and allergens. Monitoring and responding to reports/complaints and making referrals for hazard reduction. Providing radon detection opportunities and promoting mitigation. Promoting policies that reduce exposure to indoor air hazards, such as radon-resistant new construction, electronic cigarette policies in schools and worksites, tobacco-free policies for multiunit housing and tobacco tax increases.

### Water Quality

Promoting awareness, testing, and mitigation of hazards to water quality. Tracking public water system violations as reported by NE DHHS and working with local public water system operators to facilitate public notification when violations occur. Providing risk communication (such as news releases and fact sheets) and back up resources to assure public safety (e.g., coordinating the delivery of trucked or bottled water, if necessary). Providing risk communications for emerging water issues, such as toxic blue green algae in lakes. Providing guidance to and coordinating with municipal pools to decontaminate and prevent spread of illnesses such as cryptosporidiosis. Partnering with Little Blue and Big Blue Natural Resources Districts on planning and education for towns with high nitrate levels. Partnering with Hastings Utilities, NRDs, UNL Extension, and others on Wellhead Protection planning, education and outreach efforts and nitrate mitigation efforts. Maintaining a list of public water system operators in the district. Coordinating with NE DHHS's Public Water Supply Program. Providing referrals for water testing. Facilitating lead testing of drinking water in schools and childcare facilities (WIIN program).

### Environmental Health Education

Providing education on environmental hazards and health risks, including air, water, and other hazards. Specific one-on-one and communication campaign examples: radon, tobacco/smoking policies, mold, bedbugs, environmentally safe disposal of expired/unused pharmaceuticals, lead, disease vectors (ticks, mosquitoes), and laws/authorities/rights related to environmental health, such as Nebraska's Landlord-Tenant Act.



## Standards and Performance

### Accreditation

SHDHD is an accredited local health department, continuing to work at understanding, meeting, documenting and implementing adherence to the official standards and measures for public health accreditation. Public health department accreditation gives reasonable assurance of the range of public health services that a health department should provide. Building on our accreditation groundwork, we continue to improve through performance management and quality improvement.

### CHA/CHIP

Determining the health needs and priorities of the South Heartland communities through the Community Health Assessment (CHA). This assessment is completed every six years, with a smaller assessment the third year to measure progress and the need for course corrections. Based on the CHA we choose health priorities with community and partners. The Community Health Improvement Plan (CHIP) addresses these health priorities, outlining objectives and proven strategies that we will implement in the following 6 years.

### Health Equity/ Cultural Competency/Health Literacy

Striving to determine and address health equity – this is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” Social determinants of health identify and address health disparities that are linked with social, economic, and/or environmental disadvantages that adversely affect health.

SHDHD strives to serve, interact & work with persons of all cultures and belief systems. Specific examples: (1) requiring and supporting staff participation in cultural competency training, (2) offering military cultural competency training to our staff and community partners, (3) training and adherence to Culturally and Linguistically Appropriate Services (CLAS) standards.

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions. Strategies include: providing staff training in health literacy tools and processes, promoting health literate organizations (those that meet the 10 attributes of a health literate organization), promoting and using materials accessible to those with decreased health literacy.

### Workforce/Staff Development/ Public Health System Outreach & Training

Assessing staff core competencies and individual strengths, developing individual training plans, planning and implementing new staff orientation and new Board member training, and identifying/developing and providing on-going education for Board and Staff. Includes cross-training and succession planning.

College students, nursing students, volunteers and others can learn about, train in and experience Public Health at SHDHD. SHDHD has a robust internship program with Hastings College and also hosts interns from other institutions. The Department provides field experiences, provides preceptor supervision for capstone experiences, delivers public health presentations for classes of nursing, CNA (CCC), MPH (UNMC College of Public Health) and other students, provides instruction for Boy Scout badges in Public Health, participates in career fairs at local public schools, and offers opportunities for volunteers.

### Quality Improvement/Performance Management System

Improving efficiency, effectiveness, performance, accountability, and outcomes in order to achieve equity and improve health. Maintaining and implementing the SHDHD Quality Improvement (QI) Plan for a systematic (continuous and ongoing) approach that is incorporated into all programs, services and organizational processes.

Implementing SHDHD's Performance Management System: (1) Performance standards, including goals, targets and indicators, and the communication of expectations developed and implemented based on the community health assessment, community health improvement plan and the strategic plan; (2) Performance measurement including data systems and collections; (3) Progress reporting including analysis of data, communication of analysis results, and a regular reporting cycle; (4) A process to use data analysis and manage change for quality improvement and towards creating a learning organization.

### Public Health Ethics

Addressing public health ethics by using a systematic process to clarify, prioritize and justify possible courses of public health action based on ethical principles, values and beliefs of stakeholders, and scientific and other information. SHDHD maintains a process for addressing ethical issues and concerns.

**Research & Innovation**

Identifying & promoting evidence-based practices & policies throughout SHDHD programs & operations, and with partners. Contributing to public health research by collaborating with academic institutions, participating in national public health practice & workforce surveys, & participating in the NE Practice-Based Research Network.

**HIPAA**

Maintaining confidentiality of personal health information by complying with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA was enacted to ensure the privacy and confidential handling of medical information for all patients in the U.S. It applies to all medical and mental health service providers. Assuring staff education on and compliance with HIPAA guidelines.